



COMPETITOR

Application Form

Contact: Tel: (01744) 675400

Sports Development

1st Floor, Atlas House

Corporation Street

St.Helens

Merseyside

WA9 1LD

This form is for use when applying for a St Helens Council Gold Card. Summarise details in spaces provided, do not add supplementary sheets. Please complete all sections, sign the form and forward to the above address.

1. PERSONAL DETAILS OF APPLICANT

Name _____ Date of Birth _____ Age _____

Permanent Home Address

Post Code _____ Telephone Number: _____

Present Address (If different from permanent address)

Telephone Number: _____

*Male / Female

2. GOVERNING BODY and OTHER DETAILS

Sport

Title of Governing Body

Governing Body Contact Name

Governing Body Telephone Number

Name of Sports Club

Name of Local Council

3. IF STUDYING AT AN EDUCATION ESTABLISHMENT

Name and Address of School/College/University etc...

Course _____

Date Course Ends _____

Please complete the back of this form!

4. **DETAILS OF NEXT MAJOR COMPETITIONS FOR WHICH YOU ARE PREPARING**

5. **MAJOR ACHIEVEMENTS DURING THE LAST TWO SEASONS**

MONTH/YEAR	COMPETITION TITLE	DISCIPLINE/ EVENT	LEVEL SENIOR/ JUNIOR/AGE GROUP	PLACING

6. **PRESENT NATIONAL RANKING** _____

7. **ANY ADDITIONAL INFORMATION YOU WISH THE COUNCIL TO TAKE INTO ACCOUNT:**

I understand that any support I receive from St. Helens Council may be given to the media and I agree to attend Sports Development Initiatives organised by the Council subject to availability. I understand also that if I am suspended by my governing body for an infringement of its rules and regulations my Gold Card will be suspended and in the case of doping I may not receive further support on completion of the suspension. I also understand that there is no intention to create a contractual relationship between St. Helens Council and myself.

Signature of Applicant _____ Date _____

Where an applicant is under 18 the form should be signed by a parent or guardian