

# D: BC TEAM TRAVEL FUNDING FORM

(Please make copies of this form as necessary)

Name: \_\_\_\_\_ Dojo: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Zone: \_\_\_\_\_

Placing at Selection Tournament (please mark one):

“A” athlete\* (first in your division) \_\_\_\_\_ Event (circle option(s)): KATA KUMITE

“B” athlete\* (2<sup>nd</sup> in your division; also 3<sup>rd</sup> for Kata) \_\_\_\_\_ Event (circle option(s)): KATA KUMITE

\* “A” athletes who have received a bye for Nationals during the selection tournament will be considered for funding at the “B” level.

Rationale for request for funding. Please provide specific details.

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Coach / Office Use:

Approved Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Cheque Date: \_\_\_\_\_

Submit to: High Performance Chair