



SUTHERLAND DISTRICT ATHLETICS CLUB INC

AFFILIATED WITH ATHLETICS N.S.W. INC.

PLEASE ADDRESS ALL CORRESPONDENCE TO:-
P.O. BOX 217
GYMEA 2227

INCENTIVE SCHEME CLAIM FORM

Name:

Phone: Email:

Address:

BSB: Account Number:

Bank: Account Name:

Position: ☐ Athlete ☐ Official ☐ Coach

Claim

Name and Date of Championships / Meet:

Events / Performances **OR** Duties Undertaken **OR** Name of Athlete/s Coached

Date: Signature:

Please email completed incentive scheme claim form to Rob Banister (Secretary) at:
secretary@sutherlandathleticsclub.com.au