

Please review the **Policy** for the full eligibility criteria prior to submitting your application.

Applicant Details	
FIRST NAME	SURNAME
CLUB/CENTRE	
TOURNAMENT	
Please list the name of Eligible Compet	itors from the Tennis NT Affiliate.
1)	2)
3)	4)
5)	6)
7)	8)
9)	10)
Please provide the endorsement of you	r Tennis NT Affiliate acknowledging that you will be the Coach
providing tennis coaching services to the	ne named Eligible Competitors during the Tournament.
Name P	osition Held Within Tennis NT Affiliate
Signature	
Payment will be made by 'Direct Credit	' only. Please provide preferred Bank Account details:
ACCOUNT NAME	
BSB NUMBER	ACCOUNT NUMBER
-	oach and wish to apply for an Intra-Territory Travel Grant. I understand
payment is subject to the Referee Report.	
SIGNED	DATE
	Proudly sponsored by
Return completed Form to Tennis	NT people's
Email: <u>tennisnt@tennis.com.au</u>	choice
Fax: 8981 5616	CREDIT UNION
Post: 1/90 Ross Smith Avenue, Fann	ie Bay NT 0820