

ATHLETE REIMBURSEMENT FORM

Athletes can claim for out-of-pocket costs relating to the athlete medical assessment. A maximum of \$50 per athlete can be claimed. Applications must be lodged by the second week in June in the Scholarship year.

Athlete name: _____

Guardian name: _____

Date: _____

Did you attend the athlete induction evening?	yes/no
Medical expenses receipt attached	yes/no
Amount being claimed:	\$ _____
Name on account:	_____
BSB:	_____
Account Number:	_____