

KZNA

CONCESSION APPLICATION FORM

CLUB NAME

ATHLETE NAME 1.

2.

3.

4.

5.

6.

DISCIPLINE

LEVEL

REGISTRATION AMOUNT R _____

CONTRIBUTION BY CLUB R _____

CONTRIBUTION BY APPLICANT R _____

CONCESSION APPLIED FOR R _____

REASON FOR CONCESSION:

CLUB AUTHORISATION – (Print Name)

DATE **SIGNATURE**

OFFICE USE

AMOUNT AUTHORISED R.....

AUTHORISED **DATE**

