CABOOLTURE SPORTS CLUB
Rising Stars Fund

Event Outcome Form

Recipients Details

Recipients Name: _____ Age: _____

Address: _____

Phone: _____ Mobile: _____

Please ensure this form is completed and returned within 7 days of your event date (or 7 days after recieveing your succesfull letter. This will ensure your eligibility should you apply for funding under the Rising Stars Fund in the future.

Instructions:

Write a brief outline of your results at the event including the name, date and place of the event. Please include information on your results achieved as well as other information on the event such as the number of people/teams you competed against and the level of competition at the event.

Event Date: _____ Location: _____

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Signed: _____ Date: _____

Recipient/Parent or Guardian

2008 CLUBS QUEENSLAND WINNER

Winner Qld's Best Sports Club 3 Years in a Row

Station Road, Morayfield
PO Box 42, Morayfield Q 4506
Email info@cabsports.com.au
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ABN 30 762 284 598