

Personal Information

INDIVIDUAL COMPETITOR FUNDING REQUEST FORM

Surname:	Forename:	Student ID Number:	Course:		
Email:	Mobile:	Year (1st,2nd,3rd,4th):	Club:		
Competition					
Name of Competition:					
Highest Level Competed:					
Performance at this Level:					
Date of Event:	Invitational or Competitive:		Location:		
Cost Breakdown					
Travel:		Accommodation:			
Any Additional Costs:		Number of Nights:			

In accepting funding from the ATU Galway Sports I will: • Acknowledge the support of ATU in all promotional articles regarding the event. • Produce a brief report on my performance and achievements in the event. This must be submitted to Molly Dunne, Sports Development Officer, after the event.		Signature:	Date:	
Bank Details	IBAN No:	BIC No	Request Cheque:	
Office Use Only				
Funding Allocated:	Source:	Signed:	Date:	

Please return completed form to: molly.dunne@atu.ie a minimum of 10 days prior to your event.