



This acquittal form is to be completed and submitted with supporting documentation to the City of Belmont no later than four (4) weeks after the event. Failure to submit an acquittal may result in future applications being refused. Submit to the City of Belmont, Locked Bag 379, Cloverdale WA 6105 or email belmont@belmont.wa.gov.au. For further information, please contact the City of Belmont on 9477 7454.

Applicant Details		
Applicants Name:		
Address:		
Suburb:	Post Code:	
Contact Number:	(M) (H)	
Email:		
Name of Club/Organisation:		
Name of State or National Body:		
Event Details		
Did you receive funds for:	Western Australia \$500 Australia \$900	
Name of Event participated in:		
Date of Event:		
Location of Event:		

Your experience				
Briefly describe your experience at the event and how it benefited you. Please attach a photo demonstrating your attendance.				
Declaration				
I confirm that the above inf	ormation is true and correct.			
Applicants Signature:		Date:		
Guardians Signature:		Date:		
(If applicant is under 18)				