

## St Peters' Catholic Primary School Caboolture Sport Representation Support Request



Student Name:	Class:	
Signature of Parent:		
Level of Representation: District (represented Caboolture)	_	State (represented Qld)
Sport:		
Date of representation:		
City/Town travelled to for representation	:	
Costs involved (transport, registration, clothing etc):		
Please ensure Verification of Selection (Letter provided on selection) is attached to this form.  Name of Parent to Receive Cheque:		
Postal Address:		
	P/Code _	
Contact phone number:		
Office Use: P & F Support: \$50 District	\$100 Regional	\$250 State
Cheque No: Che Date Posted	que Amount:	Presented