



Inline Hockey Ireland Funding Request Form

Contact Details

Club/Organisation Name: _____

Contact Name: _____

Contact Email: _____

Contact Number (include area code): _____

Funding Request Details

Requested amount: £/€ _____

Project Date(s): _____

What is this funding request for? Please be as descriptive as possible.

Age-group of players involved (please circle): U10 U12 U14 U16 U18 Senior

Number of players involved: _____

Number of coaches/leaders involved: _____

Is this open to all IHI members in the age group? _____

Is this open to both male and female players? _____

Please give a breakdown of costs the funding will cover? Please provide invoices/quotes or evidence of how amount was arrived at where possible.



What is the expected overall cost of the project? If applicable, how will the rest of the funds be made up?

What is the benefit of this project to the players involved?

What is the benefit of this project to Inline Hockey Ireland? Is there a potential benefit for player not directly involved?

Any other information which could support your request.

Signed: _____

Date: ___/___/___

Name (Print): _____

Position in Club/Organisation: _____