



CENTRAL QUEENSLAND DCITA SPORTS AND PHYSICAL RECREATIONAL SMALL GRANTS
Confirmation of Aboriginality for Team or Group

Name of the Team /Group _____ Type of Sport /Activity _____

Event Name : _____ Event Date : _____ Event Place _____

Full Name of Coordinator / Coach _____ (Person in Responsible of Team / Group)

Street Address _____ Suburb _____

Town/City _____ State _____ Postcode: _____

Signature Dated _____

Full Name of Team Manager / Supervisor _____

Street Address _____ Suburb _____

Town/City _____ State _____ Postcode: _____

Signature Dated _____

Team/Group List

No	Name	Address	Town / City	Sex	Age	Date of Birth
1						
2						
3						
4						
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Declaration

I (Full Name) hereby confirm that as the Chairperson of the (Full Name of Organization) which is a registered Aboriginal or Torres Strait Islander organisation declare that all of the people listed above are of Aboriginal and Torres Strait Islander decent.

(Organisation's Common Seal

to be affixed)

Chairperson's Signature:

Dated :