

SVICSA Injury Fund Application Form

Date of application _____

Name of applicant _____ Team: _____

Address _____ Postal _____

Phone _____ Email _____

Briefly describe the nature of the injury _____

Referee for the game (if known) _____

Did he file an incident report? _____ Game # _____

Is a doctor's report available? (a copy may be requested) _____

How long do you expect to be off work? _____

Are any of these days covered by "sick days"? _____

If yes, how many? _____ what %? (**needs to be clarified?**) _____

Player's Signature _____ (if mailed)

Is your club willing/able to provide injury funding? Amount (if known) \$_____

(it is recommended that home clubs attempt to match/exceed the SVICSA donation)

Team Manager: _____

Team managers signature _____

Additional comments (if needed)

Email your application to gpgarraway@shaw.ca or mail to Gary Garraway, 3906 Braefoot Road, Victoria, B.C., V8P 3T2

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(For SVICSA use only)

Funding \$ _____ Date sent _____

Authorized by _____