

SOUTH VANCOUVER ISLAND CLASSICS' SOCCER ASSOCIATION

Injury Fund Application Form

Date of application _____

Name of applicant _____

Address _____ Postal _____

Phone _____ Email _____

Briefly describe the nature of the injury _____

Referee for the game (if known) _____

Did he file an incident report? _____

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? _____

Player's signature _____

Team managers:

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's 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

.....
(For SVICSA use only)

Funding \$ _____

Date sent _____

Authorized by _____