



**CHRISTCHURCH JUNIOR
CRICKET ASSOCIATION**

CJCA PLAYER AND FAMILY SUPPORT FUND

Application Form

Support Person

Players Name- _____

DOB - _____ Age _____

Phone Number - _____

Guardians - _____

School - _____

Address - _____

_____ Post code _____

Which club/school do you intend to register for in 2025/26

What grade do you intend to play? _____

PARENT/GUARDIAN

I agree to the conditions of assistance

Signature of parent(s)/guardian(s)

_____ Date _____

Please post to or email

CJCA PLAYER AND FAMILY SUPPORT FUND
C/ CJCA, PO Box 36-701
Merivale, **CHRISTCHURCH**
or scanned and emailed to gm@cjca.org.nz

OFFICE USE ONLY
Application considered-
Decision-
Applicant advised -
Club/Payment arranged-
Fees reduced -

Name of Club/School/Agency - _____

Role in Club/School/Agency - _____

I hereby endorse the application for

NAME OF PLAYER - _____ for
assistance from the **CJCA Player & Family Support Fund**

Brief outline of relevant family circumstances:

PURPOSE OF ASSISTANCE (state full fees & assistance requested)	Requested support
CJCA Girls Pre-season Fees	TBC
Club/School Fees	
CJCA Spring Festival Fee - Boys & Girls	Up to \$75
Boys - Tier 1 January Boys Festival	\$450
Boys - Tier 2 & 3 January Festivals	\$180
Christchurch Girls Festival	\$135
CJCA Summer Festival Fee - Boys & Girls	Up to \$75
TOTAL	

SUPPORT PERSON CONTACT DETAILS

Name: _____

Email: _____

Phone _____

I agree that, to the best of my knowledge, the applicant is worthy of the assistance applied for and will make strong efforts to remain involved in cricket as a result.

Signature _____ Date _____