



**CHRISTCHURCH JUNIOR
CRICKET ASSOCIATION**

CJCA PLAYER AND FAMILY SUPPORT FUND

Application Form

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 -

Support Person

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:

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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 _____