



WESTERN PROVINCE ATHLETICS

APPLICATION TO FORM A NEW CLUB

Please note that completion of this form does not automatically mean that the club will be accepted or that the name or club kit will be accepted without alteration.

We understand this and also have read, understand and accept the conditions set out in the Policy for Acceptance of New Clubs and the Procedure for Considering New Clubs

Yes	No
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Please fill in this form as completely as possible. Information which is omitted may prejudice the application. False information may affect the final acceptance of the club after the probation period.

1	Proposed Name of Club	
2	Area where the club will be based	

ADDRESS		
3	What is the postal address for the club?	
4	Actual physical base for club	
5	What facilities are available (eg change rooms, clubhouse, etc)	

6	Is the club within 5km of any other athletics club?	Yes		No	
7	If so, has that other club been consulted?	Yes		No	

COLOURS		
8	Proposed club colours (please provide detailed description or a colour picture)	

MEMBERSHIP					
9	How many members are currently signed up/committed to joining? (Please attach a list of names and their ages)				
10	How many of them are members of existing clubs				
11	How many are junior (19 or younger)				
12	How many are between the age of 20 and 40 years?				
13	How many are women?				
14	Is the club a closed club?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
15	If so, who may join?				
16	Will the club cater for disabled athletes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

ADMINISTRATION					
17	Is the club already functioning?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
18	Does the club have a constitution? (If so, please attach.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
19	Does the constitution meet the requirements for a Non Profit Organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
20	Is the club a part of another organisation (for example a company, educational institution, etc)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
21	If so, which organisation				
22	Will the club have a website?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
23	If the url is already known, please provide				
24	In what month will the club hold its AGM?				
25	Does the club have an auditor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
26	Is the club registered for VAT?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
27	If so, what is the VAT number				
28	Is there an executive committee already formed (or an interim one)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
29	If yes, please attach a list of names and their portfolios				

SUPPORT					
30	Does the club have access to a track?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
31	If so, where?				

32	If not, what training facilities will the club use?				
33	Will the club employ a coach or coaches?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
34	If so, who				
35	If not, will the club provide any access to coaching?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
36	If so, how?				
37	If both of the above are 'no', what support will be provided for members?				

	PARTICIPATION				
38	In which of the following disciplines will the club endeavour to participate (please tick each one which is applicable):				
	Track & Field	<input type="checkbox"/>		Cross Country	<input type="checkbox"/>
	Road Running	<input type="checkbox"/>		Race Walking	<input type="checkbox"/>
	Trail Running	<input type="checkbox"/>		Orienteering	<input type="checkbox"/>
	Ultra Distance	<input type="checkbox"/>		Multi-sport/Triathlon	<input type="checkbox"/>
39	Does the club plan to host an athletics event in future?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
40	If so, what				
41	Is the club aware of the WPA policy on new clubs hosting events?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

42 Please give a brief motivation as to why you want to form a new club and what your aims and goals will be:

Name of person making application	
Contact telephone number and email address for person making application	
Date of Application	

FOR OFFICIAL USE ONLY:

1	Date filed with WPA				
2	Checked by WPA Office to confirm form fully completed and supporting documentation attached	Yes		No	
3	Feedback received from club(s) within 5km:				
4	Club Colours Checked	Yes		No	
	By:	Date:			
5	Membership List Supplied	Yes		No	
6	Members Checked for Membership of Other Clubs	Yes		No	
7	Constitution Checked	Yes		No	
	By:	Date:			
8	Date forwarded to Board				
9	Date of Board meeting where application considered				
10	Recommendation				