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| Name of athlete: |  |  |
| Address/Post Code: |  |  |  |  |
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| **MONTH OF CLAIM:**  |
| **Date** | **Accommodation (package / details)** | **TOTAL** | **25%** | **Travel Total** | **Amount Claimed for Travel (max £100).**  |  **Total Amount Claimed**  |
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| **ONCE COMPLETED PLEASE SEND FORM TO:*****debbie@fhlta.org.uk*****COPIES OF ALL RECIEPTS TO BE INCLUDED.****CLAIMS ONLY FOR FHLTA TRANSPLANT COMPETITORS****Extra nights NOT included****MUST HAVE INSURANCE IN ORDER SUBSIDY CAN BE RETURNED IN EVENT OF NON-ATTENDANCE (submission of this form confirms this is understood)** | **Total amount of claim:** | £ |
|  |



**Signed: Date:**

**Bank account details to be paid into: Bank :**

 **Name of account holder:**

 **Sort code and account number:**