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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***](mailto: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:**