

## Youth Incentive Scheme (YIS) Acquittal Form

<b>APPLICANT DETAILS</b>		<b>Date:</b>	
<b>Applicant's Name:</b>			
<b>Date of birth:</b>		<b>Gender:</b> Male    Female    Unspecified	
<b>Address:</b>			
<b>Postal address:</b> (if different from above)			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>School you are currently attending:</b>			
<b>Employed?</b> Yes    No    Part time    Full time			
<b>YIS Grant amount: \$</b>		<b>Date received:</b>	
<b>Details: (Name of activity)</b>			
<b>Please tick:</b> Activity within SA    Activity held interstate    Activity held overseas			
<b>Date(s) of activity:</b>			
Please specify how the grant funds were spent: (please attach copies of receipts)			
<input type="checkbox"/> Travel / accommodation <input type="checkbox"/> Equipment / Uniforms <input type="checkbox"/> Meals			
<b>Item</b>			<b>Amount</b>
Total Amount			

**Summary of your participation in the event / activity:**

***What were the outcomes of your activity? Please provide a summary of your experience.***

**APPLICANT DECLARATION**

I (print name) \_\_\_\_\_ declare that this YIS acquittal form has been completed accurately and all information given is true and correct and that no pertinent information has been omitted or withheld.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to my photo being included in Council's annual report. ☐ YES ☐ NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I consent to my child's photos being included in Council's annual report. YES ☐ NO ☐

Return your completed YIS acquittal (and copies of receipts) to Light Regional Council:

Via email: [light@light.sa.gov.au](mailto:light@light.sa.gov.au)

Via post: PO Box 72, KAPUNDA SA 5373

In person: to 93 Main St. Kapunda or 12 Hanson St Freeling.