VESEP Grant –Claim Form

Club details:

Club ..... Contact Name .....

Address .....

Suburb ..... State ..... Post Code .....

Email ..... Mobile .....

Signature ..... Date .....

Purchase details:

Items (please attach proof of purchase):	Cost:
Total cost	

Please direct enquiries and submit claim form to LSV Lifesaving Operations on
Phone: 03 9676 6930
Fax: 03 9676 6932
Email: lifesavingoperations@lsv.com.au
Post: PO Box 353, South Melbourne DC, VIC 3205