



**STJÓRNENDAFÉLAG
SUÐURNESJA**

HAFNARGÖTU 15 230 KEFLAVÍK
SÍMI 421 2877 www.stjornsud.is

Gym Fund

Application Form

Name: _____ kt.: _____

Address: _____ Post nr.: _____

Phone: _____ Private E-mail: _____

Employer: _____

The grant will be payed into your Bank account:

| Bank: | HB. | Account number: |
|-------|-----|-----------------|
| | | |

Date: _____

Signature: _____

Documentation:

- **Original** of this Application
- **Original** Invoice for an annual Sports card

**The above documents shall be sent to the office of
Stjórnendafélag Suðurnesja, Hafnargata 15, 230 Keflavík
or by e-mail to: stjornsud@stjornsud.is**