

BAY OF COLWYN TOWN COUNCIL

APPLICATION FOR GRANT FUNDING – Youth Grants 2018/19

Please complete the form in block capitals using black ink. If any question is not applicable, please answer "Not Applicable".

FULL NAME OF PERSON MAKING APPLICATION:-

Name:			
Address:			
Addiess.			
Doot Code			
Post Code:			
Telephone:			
Email:			
AME OF ORGANISATION ON WHOSE BEHALF APPLICATION IS MADE (IF APPLICATION JCCESSFUL CHEQUE WILL BE ISSUED TO THIS ADDRESS): -			
Name:			
Address:			
Post Code:			
Registered Charity Number:			
AME OF SECRETARY:-	NAME OF TREASURER:-		
Name:	Name:		
Address:	Address:		
Post Code:	Post Code:		

AME OF AUDITORS:-	
Name:	Name:
Address:	Address:
Post Code:	Post Code:
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