



# BATH ó ALKMAAR TWINNING ASSOCIATION

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## APPLICATION FOR A GRANT

Name of Person applying for a Grant \_\_\_\_\_

or

Name of Organisation applying for a Grant \_\_\_\_\_

and name of contact person \_\_\_\_\_

Address of Person or Organisation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post code \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Summary explanation of reasons for requesting a Grant \_\_\_\_\_

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Amount of money requested and date required \_\_\_\_\_

*Please return your completed Grant application form to the Chairman of the Bath - Alkmaar  
Twinning Association at the above address.*

November 2013