

	Office use only
Application Reference No:	
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NOTE:  1. Please photocopy the completed form for 2. You must sign the application form.	your records.
Part A - Details of Applicant:	
Title: First Name:	Surname:
Date of Application:	British Judo Membership No:
Address:	
County:	Post Code:
Tel No (inc STD):	Fax No:
e-mail:	Website:
using the grant for: flow will the grant facilitate ye	our Judo development? Any past 12 months competition results?

Dart C	- Financial Information:		
1.	How much will the project, equipme	ent etc, cost you?	
2	the second consequence of the form Bo	1111 1 d T	
2.	How much are you applying from Br	itish Judo Trust:	
3.	Breakdown of the Cost:	Expenditure on?	Amount £
			<u> </u>
			_
		Total	<del></del>
4	Harrison harrison as far and		
4.	How much have you raised so far an		Υ,
	Amount £	From Where	Specify Purpose - if applicable
	Account No:	Sort Code	e:
	A/C Name:	Bank/Socie	ty:
Part D	- Referees:		
	give us the names and contact details	of 2 people that are familiar wit	th you and your Judo development s
we can	ask them for reference.		
Contac	t Name:	Contact Na	me:
Organi	sation:	Organisatio	on:
Addres	SS:	Address:	
Tel No:		Tel No:	
e-mail:		email:	
Part F	- Signature:		
	rean filling out this form must sign the	e declaration below:	
The pe		w confirm that as far as I know	all the information anclosed in this
The pe "I,	(Name of signator ng supporting documents is accurate		
The pe "I, includi	ng supporting documents is accurate d exclusively for purposes described.		

Please		application form togethe			
	British Judo Associat	tion, University of Wolve	erhampton (Walsall C	ampus), Gorway Road	, WS1 3BD
Data Prote	ction: Information provide	led will be stored electronica	ally and submission of th	is form is deemed as conf	irmation of your consent