



THOMOND PARK STADIUM™
COMMUNITY PROGRAMME

**COMMUNITY SPONSORSHIP FUND
APPLICATION FORM
2013**

**PLEASE READ THE TERMS AND CONDITIONS ATTACHED PRIOR TO
COMPLETING THIS FORM.**

**PLEASE NOTE: All sections of form must be completed. If there is any
section where you do not have information, please indicate that this is
the case.**

1. APPLICANT ORGANISATION / GROUP

Name

Address

Telephone

Fax

E-mail Address

Contact name for all correspondence

Address

Telephone / Mobile

Fax

E-mail address

Role of contact person in Organisation / Group

Contact name of second person

Address

Telephone / Mobile

Fax

E-mail address

Role of second contact person in Organisation / Group

Please provide a brief overview of your Organisation / Group and describe its day-to-day activities. (Maximum 100 words)

**Please indicate your Organisation / Groups structure
(ie :- Residents Association, Company Limited by Guarantee, Co-
Operative, Constitution, Trust or other) Please specify:**

How does your Organisation / Group fund existing activities:

Do you have a Tax Reference Number or Charitable Status (CHY)

Yes

No

If Yes please give details:

Tax Reference Number:

Charitable Status Number:

Employer Registration Number:

Has your Organisation / Group applied for any other funding in relation to this project. If so, please give details.

Has your Organisation / Group previously applied to this Fund

Yes No

If Yes, please give details

Declaration:

On behalf of _____ I confirm that I have read and accept on behalf of the applicant the terms and conditions applicable to the Thomond Park Stadium Community Fund Scheme. I acknowledge that any funds awarded must be used for the purpose stated. I further confirm that I am duly authorised to make this application on behalf of the applicant Organisation / Group and that the information given in this application is true. I have read and accept the terms and conditions

Signed:

Date:

Name (BLOCK CAPITALS):

Position in Organisation / Group:
