

Postcode

Contact email

Relation to applicant

THE VAUGHAN EVANS FUND FOR YOUNG RINGERS APPLICATION FORM

Event										
Date of Event										
Details of /	\ mmline	nt (Diag	o Driet							
Details of A	Applica	int (Pleas	e Print)							
Name										
Age										
Address										
Postcode										
Contact										
email										
Details of A	Accom	panying (Chapero	ne (if a	pplica	nt is u	nder 1	8)		
Name										
Address										

Please state what financial support is required and give some information to support your application to the Fund. It may help to give a little bit of background information and to explain: Why you want to come to this event, what experience you have of handbell ringing and what you hope to gain from attending this event. Add anything else that could be relevant.
(No more than 500 words, please!)
Signature
Signature of Parent or Carer (if under 18)