

ST ALBANS DISTRICT COUNCIL

APPLICATION FOR A TOWN TWINNING GRANT

1. NAME OF ORGANISATION _____

2. NAME AND CONTACT
DETAILS OF F/SHIP ASSN
CHAIRMAN, SECRETARY
OR TREASURER _____

3. NAME AND CONTACT
DETAILS OF VISIT LEADER
(IF DIFFERENT) _____

4. DESTINATION AND VISIT DATES

5. NUMBER OF VISITORS/AMOUNT CLAIMED _____

6. AIMS/PURPOSE OF THE VISIT* _____

7. REASON/S FOR SEEKING GRANT ASSISTANCE _____

NAME: _____ DATE: _____

SIGNATURE: _____

* Applicants are requested to consult the criteria for town twinning grants contained in the District Council's Town Twinning Strategy