Camp Mallana Trust Application for a Grant

Name of organ	nisation				
October					
Contact persor	1				
Telephone Mobile					
Email (please p	nrint)				
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Address Line 1					
Address Line 2					
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About your org	anisation (Max	x: 100 words). Please do not send any c	ther material as it wi	ill not be considere	ed.
Applying on be	ehalf of:				
Applying on be	ehalf of: Date of birth	Name, type and location of camp to be attended	Dates of camp	Total cost of camp	Grant amount requested
FIRST	Date of	Name, type and location of camp to be attended	Dates of camp		
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THESES DETAILS WILL ONLY BE VIEWED BY THE PRESIDENT OF THE TRUST. If a grant is not made, the						
details will be destroyed.						
Given name						
Family name						
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Detail of circumstances warranting the grant (Max 100 words)							