



A SMILE FOR A CHILD

Helping Disabled Children To Participate In Sport

APPLICATION FORM

NAME:

ADDRESS:

CONTACT NUMBER:

ORGANISATION IF APPLICABLE :

AMOUNT OF MONEY REQUESTED :

WHAT WILL THE FUNDS BE USED FOR:

WHAT DIFFERENCE WILL IT MAKE :

HOW DID YOU HEAR ABOUT THE CHARITY

APPLICATIONS AND REQUESTS NEED TO BE SUBMITTED ON PAPER, PLEASE RETURN THE COMPLETED FORM TO THE FOLLOWING ADDRESS; MR. CHRIS READ, 17 SUGARHILL CRESCENT, NEWTON AYCLIFFE, DLS 4FH. IF YOU HAVE NOT HEARD BACK FROM US THEN UNFORTUNATELY YOUR APPLICATION HAS BEEN UNSUCCESSFUL