 KENT TENNIS FUNDING APPLICATION 2025

Please complete the information below:

|  |  |
| --- | --- |
| **Organisation name:** |  |
| **Organisation address** |  |
| **Contact name:** |  |
| **Contact role:** |  |
| **E-mail address:** |  |
| **Telephone number:** |  |

2. DETAILS OF GRANT FUNDING & ULTILSATION :

|  |
| --- |
| **Amount requested?** |
|  |
| **Describe purpose of funding and implementation date/s?** |
|  |
| **Are you targeting a specific group?** |
|  |
| **Are you seeking funding from other sources?** |
|  |
| **Can you tell us anything else about your reason for this application?** |
|  |
| **Expected Participation numbers?** |
|  |

3. CONFIRMATION:

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| --- |
| **By signing this form, I confirm the funding will be used for the purpose outlined above and will provide feedback to Kent Tennis.** |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |

**Return application form to: info@kenttennis.org.uk**