

FLAGSTAFF TRUST for YOUNG SAILORS

Request for Subsidy

(Please complete in black ink only)

Name of Applicant(s):.....

Date of Birth:.....

Address:
.....
.....

Telephone & email:
.....

Club/Organisation:

Description of Activity:
.....
.....
.....

Location:
.....

RYA Accredited Course: yes/no

Date & Duration of Course:

Total Cost of Course £

Signed Date

Position in Organisation/Parent/Guardian

Address
.....
.....

(For HRSC use only)

% Subsidy £

Approved Declined