

# CREWE & NANTWICH TWINNING ASSOCIATION

APPLICATION FOR FINANCIAL ASSISTANCE  
WITH TWINNING VISITS



Name of organisation:

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Name & address of applicant:

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Daytime telephone number:

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**VISIT TO BISCHOFSCHEIM, MACON OR DZIERZONIOW**

**(Delete where not applicable)**

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Name of host group:

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Date of visit:

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Number of participants and age groups:

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Purpose of visit:

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Proposed accommodation:

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Method of travel:

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Total cost of visit:

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Amount of finance from own resources:

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Grants from other sources:

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Amount of grant requested:

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**APPLICATIONS MUST BE SUBMITTED NO LATER THAN  
THREE MONTHS PRIOR TO START OF PLANNED VISIT.  
FINAL DECISION AT DISCRETION OF CANTA COMMITTEE.**

PLEASE RETURN TO:

**Pam Minshall  
145 Gainsborough Road  
Crewe  
CW2 7PL**

**Email: [pam.minshall@btinternet.com](mailto:pam.minshall@btinternet.com)**