

# CREWE & NANTWICH TWINNING ASSOCIATION

## APPLICATION FOR FINANCIAL ASSISTANCE WITH TWINNING VISITS



Name of organisation:

Name & address of applicant:

Daytime telephone number:

**VISIT TO BISCHOFESHEIM, MACON OR DZIERZONIOW**

**(Delete where not applicable)**

Name of host group:

Date of visit:

Number of participants and age groups:

Purpose of visit:

Proposed accommodation:

Method of travel:

Total cost of visit:

Amount of finance from own resources:

Grants from other sources:

Amount of grant requested:

**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:

**MRS CAROL LIGHTFOOT  
FAIRFIELDS  
HAYMOOR GREEN ROAD  
WYBUNBURY  
NANTWICH  
CHESHIRE  
CW5 7HG**

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