



WWW.DOVERDARTS.CO.UK

APPLICATION FOR FINANCIAL ASSISTANCE

NAME OF ORGANISATION

ADDRESS OF ORGANISATION

CONTACT NAME

TELEPHONE

EMAIL ADDRESS

**REGISTERED CHARITY NUMBER
(IF APPLICABLE)**

CONTACT ADDRESS IF DIFFERENT FROM ABOVE

BRIEF DISCRIPTION OF PROJECT/EVENT FUNDS TO BE USED FOR

**HOW MUCH REQUESTED FROM
DOVER INVITATION DARTS
LEAGUE**

**TOTAL COST OF
PROJECT/EVENT**

Declaration:

I hereby declare that application organisation is either a registered charity or a not for profit organisation and I have the authority to submit this application on behalf of the organisation detailed above and that all information provided is true and accurate to the best of my knowledge.

Signed: **Date:**

Name (Block capitals):

.....

Status (e.g. Chairperson, Secretary):

ABOUT YOUR ORGANISATION

**Name and address of Chairperson and Secretary
(or two board members /trustees):**

NAME

POSITION

ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

NAME

POSITION

ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

WHAT IS THE MAIN PURPOSE OF YOUR ORGANISATION?

PLEASE PROVIDE FULL DETAILS OF PROJECT/EVENT APPLICATION HAS BEEN MADE FOR?

If financial assistance is provided by the Dover Invitation Darts League, public acknowledgement of the contribution is required. Details of all financial assistance provided will be published on our website www.doverdarts.co.uk

PLEASE PROVIDE DETAILS ON HOW YOU WOULD PROVIDE PUBLIC ACKNOWLEDGEMENT. EG – NEWSPAPER, WEBSITE, DOVER INVITATION DART LEAGUE LOGO ON EQUIPMENT.

IF YOUR APPLICATION IS SUCCESSFUL, AND IS FOR EQUIPMENT IN FULL, THE LEAGUE ENCOURAGES THE PURCHASE TO BE UNDERTAKEN BY THE DOVER INVITATION DARTS LEAGUE.

IF NOT FOR EQUIPMENT, CHEQUES ARE MADE PAYABLE TO THE ORGANISATION MAKING APPLICATION ONLY.

IF APPLICATION IS FOR EQUIPMENT PLEASE PROVIDE EVIDENCE OF THE COST WITH THIS APPLICATION.

IF PRESENTATION OF FUNDS OR EQUIPMENT IS REQUIRED PLEASE PROVIDE DATES.

Please return your completed form to:

Paul Turner

Chairman

Dover Invitation Darts League

9 Stanhope Rd

DOVER

Kent

CT16 2PR

paulturner@doverdarts.co.uk



**DOVER FRIDAY NIGHT INVITATION DARTS LEAGUE COMMUNITY &
CHARITY FUND COMMITTEE APPRAISAL FORM**

DATE COMPLETED APPLICATION RECEIVED.

DATE REVIEWED BY SUB COMMITTEE.

AGREED VALUE OF FINANCIAL ASSISTANCE.

SIGNATURES OF SUB COMMITTEE

PAUL TURNER

SARAH WHITING

CATH WHATMORE

PAUL JAMES

GORDON SPEAKMAN

ASH BATTIE

CHEQUE NUMBER