

# COMMUNITY SPONSORSHIP FUND APPLICATION FORM 2020



**THOMOND PARK STADIUM™**

**PLEASE READ THE TERMS AND CONDITIONS ATTACHED PRIOR TO  
COMPLETING THIS FORM.**

**PLEASE NOTE: All sections of form must be completed. If there is any  
section where you do not have information, please indicate that this is the  
case.**

**1. APPLICANT ORGANISATION / GROUP**

Name

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Address

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Telephone

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Fax

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E-mail Address

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**Contact name for all correspondence**

Address

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Telephone / Mobile

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Fax

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E-mail address

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Role of contact person in Organisation / Group

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**Contact name of second person**

Address

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Telephone / Mobile

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Fax

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E-mail address

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Role of second contact person in Organisation / Group

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**Please provide a brief overview of your Organisation / Group and describe its day-to-day activities.  
(Maximum 100 words)**


**Please indicate your Organisation / Groups structure (ie :- Residents Association, Company Limited by Guarantee, Co Operative, Constitution, Trust or other) Please specify:**

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**How does your Organisation / Group fund existing activities?**

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**Do you have a Tax Reference Number or Charitable Status (CHY)?**

**Yes No**

**If Yes, please give details:**

Tax Reference Number:

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Charitable Status Number:

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Employer Registration Number:

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## **2. PROJECT DETAILS**

**Please describe the proposed projects in detail**

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**(Additional information may be attached)**

**Amount of Grant sought €**

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**Itemise the Cost elements**

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**Has your Organisation / Group applied for any other funding in relation to this project? If so, please give details.**

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**Has your Organisation / Group previously applied to this Fund?**

**Yes      No**

**If Yes, please give details**

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**Declaration:**

On behalf of \_\_\_\_\_ I confirm that I have read and accept on behalf of the applicant the terms and conditions applicable to the Thomond Park Stadium Community Fund Scheme. I acknowledge that any funds awarded must be used for the purpose stated. I further confirm that I am duly authorised to make this application on behalf of the applicant Organisation /

Group and that the information given in this application is true. I have read and accept the terms and conditions

Signed:

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Date:

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Name (BLOCK CAPITALS):

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Position in Organisation / Group:

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