**Please fill out this application form and submit it with information about your Passion Play as requested in the Guidelines online (no more than two sides of A4 paper).**

|  |  |
| --- | --- |
| Name of Church/Charity/Passion Play |  |
| Contact Name |  |
| Contact Telephone Number |  |
| Email Address |  |
| Correspondence Address |  |
| How much money are you asking for? |  |

**Payment Details**

|  |  |
| --- | --- |
| Name of Account Holder |  |
| Name and Address of Bank |  |
| Sort Code |  |
| Account Number |  |

**Declaration**

|  |
| --- |
| I am an authorised representative of  (name of Passion Play).   To the best of my knowledge, all the information provided in this application form is correct and any grant awarded will be used for the purpose stated.  In the event of receiving a grant, I understand and accept that the Passion Trust requires a report detailing how the funds were spent (within one month of the play’s performance). |

|  |  |
| --- | --- |
| Signature |  |
| Position |  |
| Date |  |