



YOUTH BEATZ FRINGE GRANT APPLICATION FORM

ABOUT YOU

Name of Organisation:

Address:

Tel:

Email:

ABOUT YOUR EVENT

Name of Event

Date of Event

Is this date flexible? YES/NO

Description of Event:

Anticipated Numbers:

0-12 years

12-15 years

15-25 years

Over 25

FEMALE

MALE

EXPENDITURE (how much you are applying for)

COST

TOTAL