## LAKELAND ORIENTEERING CLUB GRANT APPLICATION FORM

NAME	•••••	
ADDRESS		
Date of Birth	(if a junior)	
Age class for	which selected	
BOF members	ship number	
Race/ Event/	Γour you have l	peen selected for including dates
Cost to you		
Bank account	details Name	
	Sort code	
	Account no	
C: an atrum		
Signature		
Parent's signa	ture (if applica	nt under 18)
Please return t	the form to LO	C Chairman and Treasurer
chair@lakelar	ndoc.uk	
treasurer@lak		
i casarer wiar	Cianaoc.uk	

It is a condition of any grant awarded that a report is submitted to the Chair of LOC, either in writing or in person at an LOC meeting.