|  |
| --- |
| Organisation Information |

**Name of Organisation:**

**Address of Organisation:**

**Post Code: Tel No (if applicable):**

**Email of Organisation:**

|  |
| --- |
| Main Contact Information |

**Name of Main Contact:**

**Address of Main Contact:**

**Post Code:** **Tel No:**

**Email of Main Contact**:

**Date of Application:**

**Check the category box your group is applying on behalf of:**

**Local Amateur / Dramatic Group Local Dance Group Charity**

**Senior Citizens Group School / Nursery**

**Return form to:** [leisureservicesadmin@west-dunbarton.gov.uk](mailto:leisureservicesadmin@west-dunbarton.gov.uk)

**For office use:**

Subscription Added Criteria Validated

**Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**