



ENGLISH SHORT MAT BOWLING ASSOCIATION

APPLICATION FOR DEVELOPMENT LOAN

COUNTY ASSOCIATION _____

Name of Chairman: _____

Address: _____

Telephone No.: _____

Name of Secretary: _____

Address: _____

Telephone No.: _____

Name of Treasurer: _____

Address: _____

Telephone No.: _____

State who is to be contact point for loan: _____

Amount applied for (maximum £2,000): _____

Proposed repayment period (max. 24 months): _____

Total cost of project (loan must not exceed 75%): _____

Details of any other loans or grants applied for: _____

Date by which loan required: _____

Details of any previous loans from this fund: _____

Purpose of loan: _____

Address at which equipment is to be stored or work is to be done: _____

If the loan is for the benefit of a club, please provide details of the club including names and addresses of Chairman, Secretary and Treasurer:

Club: _____

Chairman: _____

Secretary: _____

Treasurer: _____

Signed _____

(County Secretary)

Signed _____

(County Treasurer)

Date: _____