



Wellingborough Town Council

TWINNING VISIT GRANT APPLICATION FORM

1.	Name	
2.	Address	
3.	Telephone Number and email address of Contact or guardian	
4.	Guardian contact	
5.	Which Town are you visiting?	
6.	Have you visited the twinned towns before?	
7.	Bank details for payment	

You may use a separate sheet of paper to submit any other information which you feel will support this application.

Signed applicantdate.....

Signed guardian.....date.....

Please return a completed form by email to: clerk@wellingboroughtowncouncil.gov.uk

Or Post to: Wellingborough Town Council Twinning Grant, c/o Swanspool House,
Doddington Road, Wellingborough, Northamptonshire, NN8 1BP