

Tumble Gymnastics Hardship Fund

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| **Date of Application:** |  |
| **Applicants name:** |  |
| **Relationship to child:** |  |
| **Address:** |  |
| **Contact Email:** |  |
| **Contact Number:** |  |
| **Name of Child:** |  |
| **Child's Date of Birth:** |  |
| **Class Child Attends:** |  |
| **Amount of funding applying for:** |  |
| **Have you attended or do you attend any other classes at Tumble:** |  |
| **Would you be prepared to volunteer at the centre:** |  |
| **Do you have any skills you could volunteer:** |  |
| **To help the directors in assessing your application, please provide any supporting details:** |  |

**Thank you for taking the time to fill in this form we will be in touch within the next 7 days.**

**If you have any other questions please email us on finance@tumbleactivity.com**