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**THE METHODIST CHURCH - BEDS, ESSEX AND HERTS DISTRICT**

**3GENERATE - GRANT APPLICATION FORM**

Please give the following information relating to the Methodist Church/Circuit applying for this grant:

**Name (Church/Circuit):** …………………………………………………………….

**Email address of applicant:** ……………………………………………………….

Please confirm the cost of tickets paid for:

|  |  |  |  |
| --- | --- | --- | --- |
|   | **No.** | **Cost per ticket £** | **£** |
| Weekend - Children and young people |   |   |   |
| Saturday – Children and young people |   |   |   |
| Mini 3Generate (ages 4-7)  |   |   |   |
| **Total ticket cost** |   |   |   |

**District grant applied for £\_\_\_\_\_\_\_\_\_\_**

**Has the Circuit provided a grant? YES/NO**

Please provide the CFB details of the Methodist Circuit into whose account this District grant for 3Generate is to be paid:

CFB Account Name ………………………………………

CFB Account Number ………………………………….

Signature of Church Minister or Circuit Treasurer…………………………………………

Date……………………………

**Please forward completed form with copies of associated invoices to:**

Tony Trevers, District Grants Secretary - grants@behdistrict.org.uk