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| --- | --- | --- | --- |
| **Event Name:** |  | **Event Price:** |  |

Please complete the details below and return it to:

Bursary Committee at bursary@bbyo.org.uk

|  |  |
| --- | --- |
| **Participant Name:** |  |
| **Chapter/Local Town:** |  | **Position (if applicable):** |  |
|  |
| **Would you be able to pay the full or partial amount in instalments?** | Yes/No |
|  |
| **How much are you able to pay?** |  |
|  |
| **Please briefly describe the reason for your application:** |
|  |
| **Parent/Guardian Name:** |  |
| **Parent/Guardian****Email:** |  |
|  |
| **Signed (Parent/Guardian):** |  | **Date:** |  |