



Request number  
Leave this section empty

## FAL application form

This application form is intended as the first page of a request for a financing guarantee from the Fund for Alternative Location. This form must be completed, signed and handed in to Apollo in addition to a letter explaining the request. In this letter should be a motivation for the choice of the alternative location and why the original location can not be used. An application should be done six weeks before the rehearsal at the latest. For more details, please refer to the FAL regulations.

This form should be directed to Apollo, Bastille room 316, University of Twente.

Name association: \_\_\_\_\_

Name contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date rehearsal: \_\_\_\_\_

Old location rehearsal: \_\_\_\_\_

New location rehearsal: \_\_\_\_\_

Requested amount: \_\_\_\_\_

Completed truthfully,

Date: \_\_\_\_\_

Signature contact person

Leave this section empty

Date received: \_\_\_\_\_

Signature treasurer Apollo