Apollo

Request number

FAL request form

This application form is intended as the first page of a request of the Fund for Alternative Location. This form must be completed, signed and sent to Apollo in addition to a letter explaining the request and proof of payment. In this letter should be a motivation for the choice of the alternative location and why the original location cannot be used. A request should be done three weeks after the rehearsal at the latest. For more details, please refer to the FAL regulations.
This form should be directed to the Apollo treasurer.

Name association: _____

Name contact person: _____

Phone number: _____

E-mail address: _____

Date rehearsal: _____

Old location rehearsal: _____

New location rehearsal: _____

Requested amount: _____

Bank account number: _____

in the name of _____

Completed truthfully,

Date: _____

Signature contact person

Leave this section empty

Date received: _____

Signature treasurer Apollo