

NAME

ADDRESS

TELEPHONE NUMBER

DATE OF BIRTH

EMAIL

**ARE YOU A CURRENT FITMUMS AND FRIENDS MEMBER?**  YES  NO

**WHAT WOULD YOU LIKE US TO FUND? (PLEASE TICK ALL THAT APPLY)**

FITMUMS AND FRIENDS MEMBERSHIP  Adult  Junior

FITMUMS AND FRIENDS KIT (please give details)

TRAINING COURSE (please give details including cost)

EVENT ENTRY (please give details including cost)

OTHER (please give details including cost)

**ARE YOU IN RECEIPT OF ANY OF THE FOLLOWING?**

FREE SCHOOL MEALS  INCOME SUPPORT  FOOD BANK SUPPORT

OTHER (please state)

**PLEASE EXPLAIN BRIEFLY WHY YOU ARE REQUESTING SUPPORT:**

(We don't need a breakdown of your finances.)

**PLEASE EXPLAIN WHAT BENEFIT YOU EXPECT TO GET FROM THE FUNDING:**

**DO YOU CURRENTLY DO ANY EXERCISE?**  YES  NO

If yes, please give details:

**PLEASE CONFIRM THAT YOU AGREE TO PROVIDE ANONYMOUS  
FEEDBACK FOLLOWING RECEIPT OF FUNDING?**  YES

**Thank you for completing this application.**

Please email your form to [fund@fitmums.org.uk](mailto:fund@fitmums.org.uk) or post it to:

**Mike Barlow Memorial Fund panel, Fitmums & Friends, 101 Greenwood Avenue, Hull, HU6 9NX.**

We will contact you shortly to let you know if your application has been successful.