



APPLICATION FORM FOR EVENT IN AID OF
SOUTH WESTMEATH HOSPICE

Please complete this form and send by email to
info@southwestmeathhospice.ie

NATURE OF EVENT: _____

ORGANISED BY: _____

DATE OF PROPOSED EVENT: _____

PERMIT OBTAINED:

Yes No N/A

TELEPHONE CONTACT DETAILS OF ORGANISER:

EMAIL CONTACT DETAILS OF ORGANISER:

% OF FUNDS RAISED WHICH IS
PROPOSED TO DONATE TO THE HOSPICE: _____