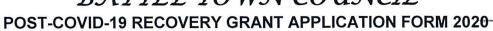


BATTLE TOWN COUNCIL





Please read the attached guidelines before completing this form. Please use black ink and block capitals. You may continue on a blank sheet if necessary, but please put the name of your organisation on any additional sheets.

A. Your organisation Please give us the following information about your organisation:				
Name of organisation	Racingsnail Creative Entertainment			
Address	61B The Highstreet Battle East Sussex			
Post Code	TN330AG			
Description of your organisation. Please list your aims and objectives Entertainment company providing children;s				
parties, virtual shows, library shows, magic events, podcasts, also script writing, comic strip and storybook writing.				
Aims: to diversify & increase online presence, write children's story book				
Details of account that grant cheque should be made payable to:				
Lloyds business account in the na	me of Racingsnail Bacs: account number: 01362328 sort code 30 96 64			
B. Contact Details				
Name of contact	Olivia Post			
Position	Owner/director			
Address for correspondence (if different from above)				
	As			
above				
Post Code				
Daytime telephone number	07890 548743			
Email				
info@racingsnail.org				
	·			
C. Your Application				
	heme for which grant is intended			
	space to maintain and develop magic shows due to the covid we have had limited			
	g for space to rehearse, we ate developing covid safe ways to preform the our			
	d whatlington hall & sedlescombe hall; both local venues			
	green screen and develop software to offer virtual shows, birthday parties			
l control of the cont				
	sed project or scheme and how many of these are Town Council area residents?			
	ers & village hall. All local residents; we are all suffering from lockdown and a lack of			
	we can pay fro specialist equipment to enable live performance safely and also provide			
virtual birthday parties etc This o	can benefit all residents of any age-everyone needs something to look forward to.			

C. Your App	lication - continued			
Please give an i	remised breakdown of the expenditure for	or which this money wl	nich is being applied fo	or. Please include
evidence (e.g s	uppliers' estimates or price lists) of the lil	kely cost of all items of	expenditure where pos	ssible.
	ITEM		COST£	,
	1150		COSTE	
				-
		1		
Have you made	any grant application to any other body f	or grant aid for this pro	ject? /No. If yes please	e give details:
				,
	Name of organisation applied to	Amount applied for	Amount Received	
D. Addition	al Information			
Are there any o	ther comments you wish to make to su	upport this application?	Please give this info	ormation below, or
attach a separat				
I am a local e	ntertainer who has contributed to m	any town projects ir	nn the past, including	g making a giant
balloon castle	at battle an Langton school; I have	ve not been eligible	for any of the gov	ernment support
schemes durin	g covid. I am trying to diversify to	continue working an	id also to maintain r	my skills-practise
makes perfect;	being able to rehearse regularly will	enable us to be show	w ready when the pa	ndemic over.
Our new vers	ion of our show works within the I	permitted maximum	numbers and mear	ns that's we can
perform at hote	els and restaurants;			
also agree to al	is application you are agreeing to Battle ow The Town Council to use the awardir y when your project is completed.			
Signed			Date	
ease return to Carol Harris, Town Clerk, Battle Town Council, The			FOR OFFICE USE ONLY	
			Data resolved:	

Please return to Carol Harris, Town Clerk, Battle Town Council, The Almonry, High Street, Battle, East Sussex TN33 0EA. All applications will be considered bas soon as possible. Successful grant payments will sent to the named contact above.

If you have any queries, please contact the Clerk on 01424 772210 or email clerk@battletowncouncil.org.uk. The office is open Monday to Friday from 9.00am to 2.00pm.

FOR OFFICE USE ONLY		
Date received:		
Grant awarded:		
Amount:		
Cheque No:		