WESTERN AUSTRALIAN LACROSE FOUNDATION

GRANT APPLICATION SUMMARY FORM

To be completed by all applicants. This form should accompany your full proposal.

Name	Name of organisation				
*	Contact person responsible f	or the Project:			
Name_		Position			
Address					
Phone	(Work)	Home:	Fax		
*	Project Periods:				
Commo	ommencement DateCompleteion Date				
Total Grant/Loan requested					
Name of Guarantor (For Loan Only)					
Total project cost					
Project Title					
Project Discription					
	Include brief summary of the lacrosse promotion.			potential for	