**Rucksack Club expedition grant application form**

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| **Name:**  **Address:**  **Telephone:**  **Email:** |  |
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| **Rucksack Club member, Associate member or MUMC/Associate?** |  |
| **Expedition Destination:** |  |
| **Expedition Dates:** |  |

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| **Expedition Members** Please increase/decrease the number of members shown, as required. | | | |
| **Name:** |  | **DoB:** |  |
|  | **Rucksack Club member? Yes/No**  **Relevant Experience: specify important routes/ past expeditions etc** | | |
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|  | **Rucksack Club member? Yes/No**  **Relevant Experience: specify important routes/ past expeditions etc** | | |

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| **Describe as fully as possible the objectives you hope to achieve during the expedition** |
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| **What research have you done on this area and the proposed objective?** |
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| **To what other organisations or sponsors have you applied for grants and with what results so far?** |
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| **9. Budget** | | | |
| ***Expedition Costs*** | ***£*** | ***Expedition Income*** | ***£*** |
| **Travel to and from country** |  | **Number of members:** |  |
| **Travel within country:** |  | **Grants already approved:**  ***(please list)*** |  |
| **Peak fees and Liaison Officer expenses if appropriate:** |  |
| **Local employment costs:** |  |
| **Food and accommodation in country:** |  |
| **Insurance costs:** |  |
| **Miscellaneous (details and costs):** |  | **Other sources:** |  |
| **TOTAL:** |  | **TOTAL:** |  |

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| **Is there any medical expertise within the team?** **State what plans and experience you have to enable you to cope in the event of an accident or illness during the trip.** |
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| **Please give details of how you plan to minimise your impact on the environment and in particular your strategy for Waste Management during the expedition.** |
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| **Name, sort code and the bank account number to which the grant should be paid.** |
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