

REGISTRATION FORM FOR CHARITY PROJECT

FOOTFEST 2026

ECOLE EUROPEENNE BRUXELLES II - 75 Avenue Oscar Jespers - 1200 Bruxelles

CRITERIA FOR EACH FOOTFEST CHARITY PROJECT

Only charity projects which meet the following criteria will be selected. The description should contain the necessary elements in order to evaluate how the project is meeting the selection criteria.

The criteria for each Footfest charity project are:

- 1. Links to children and young people in connection with education or health**
- 2. Educational purpose for our students**
- 3. Fixed goals prescribed**
- 4. Follow-up possibility (e.g. reporting about the used money)**
- 5. Links to our school are obliged**
- 6. Being present with a stand on the Footfest day informing about the charity project**

All applications should be mailed to: secretariat.apee@woluweparents.org. **The last day of registration is 27/03/2026**. After the Easter Holiday, the Footfest Project Committee will make a selection among the applications and confirm which projects have been selected.

Please take note of the following guidelines:

In order to support the charity projects in the best possible way, **only 10 projects** will be selected.

Each of the 10 projects which have been selected will be asked to be present on the Footfest day with a stand informing about the charity project which they are representing. Selected charity organizations who fail to be present during the Footfest day will not receive a donation.

REGISTRATION FORM FOR THE FOOFEST CHARITY PROJECT 2026

Applications can only be mailed to secretariat.apee@woluweparents.org until 27/03/2026!

Name and description of charity project:

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Is this a *new* or *on-going* project?.....

To be filled out by the person responsible for the project.

Name:

Address:

Tel.: **E-mail:**

Connection with the European School (e.g. parent, teacher etc.):

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Connection with the proposed organisation/institution:

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Amount requested:

What specifically will the money be used for?

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(Please add in annexe further detailed information to enable the Projects Committee evaluate and cost the project)

Do you have other sources of income? Please specify:

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Name of Bank (into which money may eventually be paid) and exact address:

IMPORTANT: This must be an official association bank account (not a private one) from a bank located in the European Union

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BIC: **IBAN:**

Name and account number:

NAME:

SIGNATURE: **Date:**