## SPONSORSHIP/CHECK REQUEST

NAME OF ORGANIZATION OR ACTIVITY Amount Requested	
Amount Requested	
Name of Main Contact:	
Address:	
Phone/E-mail/Fax:	
W.M. 1 A M.W.	
PERSON SUBMITTING REQUEST FORM (date submitted)	
Name:	-
Address:	
Phone/E-mail/Fax:	
AVARIANT STATE OF THE STATE OF	
(IV) ESS Very TOTAL CONTROL (VI)	
Please provide a brief description of the event or an overview organization/activity.	f
LAB TO LAB	_
AVECTOR OF THE STATE OF THE STA	_
	_
	_
W. B. W.	
How will you promote the LVPOA	
now will you promote the LVI OA	-
	-
HURRING RESIDENCE / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	_
The second of th	
The same of the sa	
77 NESCORA 1 1 ASSESSED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SIGNATURE	-
SIGNATURE	
For Association Use Only:	
Approved Declined	
PHASE AND SECOND	
Contribution Category:	