

Midwest Lama Association Financial Request Form:

Date of Request: _____

Midwest Lama Association Member Name: _____

Dollar Amount Requested: _____

Main Contact Person:

Name: _____

Address: Street _____

City: _____ State: _____

Event Details:

Date of Event: _____

Name of Event: _____

Address of Event: Street: _____

City: _____ State: _____ Zip Code _____

Number of Participants: _____ Public Invited: Yes ___ No ___

Will you be charging a fee for this event? Yes___ Amount \$_____ No_____

Will there be any other sponsor(s) for this event? No___ Yes _____

Name of sponsor(s) and dollar amount

1. _____ Dollar Amount: _____

2. _____ Dollar Amount: _____

3. _____ Dollar Amount: _____

Description of Event:

Description of how dollars requested will be used:

Description of how requested financial support will benefit the Midwest Lama Association:

Completed form returned to:

Norris Berg, Chairman Financial Request Committee
Valley View Acres
W4155 570 Avenue
Ellsworth WI 54011
715-273-5230
715-307-2209
llamas@dishup.us

Financial Request forms reviewed within 30 days.

Financial Check Request Information:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Check requested no later than: Date: _____

Completed written summary of event with photo(s) returned no later than 30 days post event to:

Newsletter Editor

Chairman of the Financial Request Committee event.

May 9, 2016