

Flyer Request

Must be received in home office 45 days prior to event or R.S.V.P. date.

Event Title: _____

Date of Event: _____ Time of Event: _____

Place: _____

Address: _____ City & State: _____

R.S.V.P. Date: _____ Cost (if any): _____

Is this a Matching Funds event? Yes No To Benefit: _____

What will funds be used for: _____

Contact Person: _____ Phone #: _____

I am requesting my family activity bonus for this event (*limit 2 per year*). Yes No

Please include any other information that would help encourage people to attend. _____

