

Regional Event Funding Request Form

Event organizer to complete the information noted below and submit via email to 356 Registry Insurance Coordinator

Name of Event Organizer: _____

Contact Information of Event Organizer:

Email Address: _____

Phone #'s: _____

Location of Event: _____

Description of Event: _____

Date(s) of Event: _____

Anticipated Number of Attendees: _____

Funding amount Requested: _____

Date 356 Registry insurance confirmed: _____