

Organization Name & Address:

W. Asset		
Contact Person Nan	ne & Phone No.:	
Abbreviate where prac	tical, print legibly or type, and ts will be put up on Fridays	o lines (event, place, date, time). nd leave sufficient space between only. Community Events will be
Event, Place, Date,	& Time:	TEEL TEEL PRODUCTION OF THE PERSON OF THE PE
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For Office U	se Only	
Approved	Disapproved	Modified
Start Date		
Date:		
		. Cusyck, CMC, RMC, CMF(erk/Treasurer