

Member's Name (Print): _____

Signature: _____ MLS Class: _____

Member's Phone #: _____ Email: _____

Project Title: _____

Location: _____

Date(s): _____ Time(s): _____

How many volunteers do you need? _____

Description of Project: _____

What organization does this project support? _____

Is it 501c3? _____ Is insurance needed? _____

Funds Requested _____

Funds to be used for _____

Equipment needed _____

What will be provided to members?

- Refreshments Snacks Meals Other

Other information about this project: _____

OFFICIAL USE ONLY

Approved Denied MLH Board Member Signature _____

Print Name _____ Date: _____

MLH Foundation Remarks _____