



Optimist Club OF CHILLIWACK

P.O. Box 601 Chilliwack, British Columbia V2P 7V5

Date of Request: _____ Time Sensitive Yes No
 Person(s) Requesting: _____ Title or relationship with request: _____
 Contact Info: Business # _____ Home # _____ Cell # _____
 Email Address: _____
 Alternate Contact Person: _____ Phone # _____
 Name of Organization/Event/Program/Project: _____
 Mailing Address: _____

Funds requested for (please be specific)

- | | |
|-------------------------|--|
| Equipment | Supplies |
| Lodging &/or Travel | Food |
| Registration/Event Fees | Academic |
| Health Costs | Activities (please explain in space below) |
| Other please explain | |

Please add additional information explaining why this is important to you and the difference it will make in your life.

What other funding sources have you sought, please list _____

Have you applied, received or will be receiving Funds from B.C. Gaming ~ Yes No Society # _____

TOTAL FUNDS REQUESTED \$ _____ **Please Attach a Detailed Budget**

Please attach any other information/documents that will further provide assist with your request, you may consider information/materials such as; pictures, brochures, promotions, to include other fundraising efforts that you may have solicited.

You will be contacted within 7 business days after our business meeting. We meet every third Thursday of each Month - except July and August. **Contact info: optimistclubofchwk@gmail.com Phone # 604-316-2248**

-----Detach and give to Treasurer for payment/files -----

CATEGORY of REQUEST: (To be completed by Optimist Member)

Families in Need Community Group/Organization Individual Sports Misc/other Funds Team Sports

Optimist Member receiving request: _____ Date of request: _____

Date of meeting: _____ Passed: Yes No

Reason: _____ Tabled until: _____

CHQ. Pay to the order of : _____ Chq # _____

CHQ. Amount: _____ Account: General: _____ Gaming _____

Member will deliver or mailing address please include: _____