

Flea Market Fund's Application Form

Using the following headings as your guide, please PRINT clearly your request for money from the Flea Market Financial Committee. A QUOTE must accompany your request.

NAME: _____ PHONE# _____

CLUB AFFILIATION/
RESIDENT _____ DATE _____

PURPOSE AND
OBJECTIVES: _____

TOTAL COST: _____
Total Cost including _____ sales tax and/or shipping costs.

APPLICANT'S SIGNATURE: _____

Your application must be in the Flea Market Financial Committee box at the Tri-Par office, the Thursday prior to the meeting.

Date Received: _____ Approval Date: _____