

SURFACE NAVY ASSOCIATION
Chapter Request for Funds

Funding requests should be submitted to Headquarters for approval. Please provide the following information **prior** to event:

Event Information:

Date of event: _____ Amount Requested from National: \$ _____

Location: _____ Purpose of activity: _____

Number of attendees expected: _____ Anticipated percentage that will be SNA members: _____

Do you anticipate recruitment of new members? Yes No *(If possible, please let HQ know # of new members after event.)*

Total Proposed Budget *(provide detailed breakdown below)*:

Food: _____ Room rental charges: _____

Advertisement: (printing, postage, etc.) _____ Other charges (please specify): _____

Do you plan to charge for attendance? Yes No If yes, attendance fee for SNA members: _____

Chapter Information:

Chapter: _____ Date of Request: _____

Funds requested by: _____

Position on Chapter Board: _____

Contact Information: Phone Number: _____ Email: _____

Mail Check to: _____

Please Sign Below that you certify that none of the funds requested will be used for the purchase of alcoholic beverages.

Signature of Chapter Board Official: _____

FOR SNA NATIONAL USE ONLY

Date Received _____ Date Forwarded _____

Approved: YES NO Approved Date _____

Check No: _____ Date Mailed: _____

Approval Signature: _____