

**SURFACE NAVY ASSOCIATION**  
**Regional Events Financial Assistance Request**

**QUALIFYING REGIONAL EVENTS: Please check one.**

- Regional Symposium-(i.e. West Coast Symposium and East Coast Symposium)
- Midshipman Socials
- Detailer Visits

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: \_\_\_\_\_