

**JOINT FRATERNITIES RETREAT/EVENT-PROPOSAL SUPPORT APPLICATION FORM**

**DATE OF PROPOSAL SUBMISSION:** \_\_\_\_\_

TITLE OF RETREAT/ EVENT:	
PROPOSED DATE(S) OF RETREAT/ EVENT	
LOCATION OF PROPOSED RETREAT/EVENT	
RATIONALE AND DESCRIPTION OF PROPOSED RETREAT/EVENT	
MINISTER COORDINATORS CONTACT INFORMATION	
FRATERNITIES INVOLVED	
RETREAT LEADER(S) INVITED & BIO	
FUNDS NEEDED - (ATTACH DETAILED LIST)	
IN-KIND CONTRIBUTIONS	
TOTAL BUDGET FOR RETREAT/ EVENT	
MONIES REQUESTED FOR RETREAT FROM BSSF REGION (Max. request-\$500.)	

**SIGNATURE REQUESTING MINISTER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BSSF APPROVAL OF FUNDS REQUESTED: NAME/SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PERSONAL REIMBURSEMENT (ATTACH RECEIPTS\*)**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_

**FOR TREASURERS USE ONLY**  
**CHECK #:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**AMOUNT:** \_\_\_\_\_

**SIGNATURE REGIONAL TREASURER:** \_\_\_\_\_

**\*SUBMIT 2 COPIES OF THIS FORM & RECEIPTS TO:**  
**Charlie Comberrel, OFS 220 Regency Circle Anderson, SC 29625**