

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:

ZUBAIR SIMONSON, 6300 Creedmoor Rd, Ste 170, RALEIGH, NC 27612