

Race Track Chaplaincy of America
Funding Request for Evangelism

Person Making Request: _____ Date: _____

Contact Phone: _____ Email: _____

Purpose of Request: _____

Description of Activity/Event: _____

_____.

Date of the Event: _____

Who is involved? _____

Total cost of Activity/Event: _____

Other funding sources: _____	Amount: _____
_____	Amount: _____
_____	Amount: _____

Goals of the Activity/Event:

(Please be specific. How many people will attend? How will they be affected? Then what?)

1. _____
2. _____
3. _____

Date by which Funds are needed: _____