



Financial Request

Approved budget for event must be submitted with request

Please type or print clearly in ink.

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Telephone _____

INFORMATION

Organization

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> AY | <input type="checkbox"/> Master Guide | <input type="checkbox"/> Pathfinder |
| <input type="checkbox"/> Adventurer | <input type="checkbox"/> Children Ministries | <input type="checkbox"/> Bible Bowl |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Other _____ | |

Area Federations

- | | | |
|-------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> NNJ | <input type="checkbox"/> Bay | <input type="checkbox"/> Del/Val |
| <input type="checkbox"/> Balt | <input type="checkbox"/> Metro | <input type="checkbox"/> Virginia |

Purpose for Request: _____

Amount Requesting: \$ _____

Event was approved by (select all that apply):

- Executive Committee Ministerium

Prepared by _____

Date _____

AECYCM APPROVAL

Approved Yes No Reason _____

Signature _____ Date _____