



Allegheny East Conference
 YOUTH & CHILDREN'S MINISTRIES
Presenter Stipend Request

Please type or print clearly in ink.

PERSON MAKING REQUEST INFORMATION

Organization: Master Guide Pathfinder Adventurer Other _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Telephone _____

MEETING INFORMATION

Training: Spring Fall Other _____

Date _____ Location _____

PRESENTER INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Telephone _____

Class Presenting _____ Date _____ Time _____

Class Presenting _____ Date _____ Time _____

Total Travel Miles _____

Need Housing No Yes Date(s) _____

Meals: No

Yes

Breakfast Date(s) _____

Lunch Date(s) _____

Dinner Date(s) _____

APPROVAL

Approved Yes No Reason _____

Signature _____ Date _____