

What will the requested funds be used for:

Generally what are your major sources of income:

I / We acknowledge that all funding provided by Chili Open Golf Classic shall be used for the organization use designated above.

Organization Authorization Information

Signature : _____ Date: _____

If approved check should be made payable to (if different from above):

Board Use Only

Review Date:

Approval Date:

Mail requests to: Chili Open Golf Classic (Poland Rotary) P.O. Box 5063 Poland, Ohio 44514

Submission Deadline: October 31st