

SAN FRANCISCO CLUB FOR THE DEAF, INC.

SFCD EVENT REQUEST

DATE: _____

Chairperson: _____

Title of Event: _____

Date of Event: _____

Place of Event: _____

Chairperson contact email/tdd/fax/vp : _____

Description of the Event.

Request breakdown amount and description	Amount
	\$
Total Amount	\$

Total Amount Approved: \$_____ date of board approval: _____

Not approved by board on date: _____

Reason(s) for disapproval if any : _____

Any questions concerning the Sponsor Request please contact SFCD Event Director.