

Colorado Springs Indian Center

Request for Activity/Event Approval

"Generation to Generation"

Name: _____ Date of Request: _____

Phone Number: _____

Email Address: _____

Dates of Event/Activity: _____

Title of Event/Activity: _____

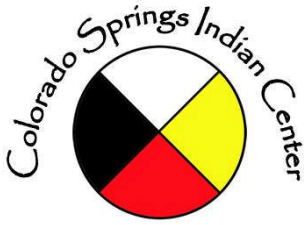
Room Requested: _____

Is funding needed? Yes ___ No___ (If yes, please complete other side.)

Brief Description of Activity/Event (include # of expected participants, needs including tables, chairs, other items, kitchen facilities, gymnasium, and/or special needs. _____

Return completed form to the CSIC:

Colorado Springs Indian Center 701 N. 20th Street Colorado Springs, CO 80904; Fax: 719-548-9407;
email: info@coloradospringsindiancenter.com; Phone for more information: 719-599-8630



"Generation to Generation"

Colorado Springs Indian Center Request for Activity Funding Approval

Funding Request

<u>Item Description</u>	<u>Funding Needed</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Partial Funding

Total Amount Requested: \$ _____

Matching Dollars

Full Amount Funded

Total Amount Approved: \$ _____

Approved

Approved By: _____

Not Approved

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