

Event Request for Funds

Alaska Synod of the ELCA

Event _____

Event Date _____

Event Contact
Name _____

Phone Number _____ Email _____

Income:

Funds expected from participants \$ _____

Funds requested from Alaska Synod \$ _____

Other Funds \$ _____

Total \$

Expenses:

Event Deposit \$ _____

Facility Rental \$ _____

List Other Expenses

1. \$ _____

2. \$ _____

3. \$ _____

4. \$ _____

Total \$