



RESOURCE REQUEST

Print & Complete Form Mail To: SLAGA OFFICERS 483 S. Kirkwood Rd. PMB 226 Kirkwood, MO 63122	DATE SUBMITTED: _____
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REQUESTOR/HOST INFORMATION

{Person(s) needing resource}

Requestor Name		EMAIL:	
SLAGA Member Type	<input type="checkbox"/> Premium <input type="checkbox"/> Regular <input type="checkbox"/> non-member	Phone:	

SLAGA MEMBER SPONSOR

{Person(s) responsible for delivery, condition, return of resource}

SLAGA Sponsor name {if Different from above}		EMAIL:	
SLAGA MEMBER TYPE	<input type="checkbox"/> Premium <input type="checkbox"/> Regular	Phone:	

EVENT or NEED INFORMATION

Event Name		Date/Time/Length	
Event Location:		Approximate Attendance:	

RESOURCE(S) NEEDED

DESCRIPTION	TYPE	QUANTITY
	<input type="checkbox"/> Items <input type="checkbox"/> Supplies <input type="checkbox"/> People <input type="checkbox"/> Funds	
	<input type="checkbox"/> Items <input type="checkbox"/> Supplies <input type="checkbox"/> People <input type="checkbox"/> Funds	
	<input type="checkbox"/> Items <input type="checkbox"/> Supplies <input type="checkbox"/> People <input type="checkbox"/> Funds	
	<input type="checkbox"/> Items <input type="checkbox"/> Supplies <input type="checkbox"/> People <input type="checkbox"/> Funds	

Approval

{to be completed by SLAGA Officers}

Approval:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	COMMENTS:
President Signature:		Date:
Officer Signature:		Date: