

6. How many young people will benefit from this project?
7. Would you be willing to give a presentation to our club about the project? Yes or No
8. Would you be willing to supply us with a follow-up report on the positive results of your project? Yes or No

Name of project:

Name of organization (if applicable):

Check made payable to:

Name of contact person or applicant:

Address:

Telephone: _____ cell phone:

For club use only:

Comments:

Approved: _____ Yes _____ No

Signed _____

Dated: _____

Please mail request to:

Clarkston Area Optimist Club
President
P.O. Box 891
Clarkston, MI 48347