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## ACTION TEAM EVENT FLYER REQUEST FORM

*Please note: The home office must receive this request **7 weeks before the reservation deadline date** to ensure sufficient time for printing and third-class mailing. Requests received with insufficient lead time may be rejected if there will not be sufficient time to process the request.*

Today's date: \_\_\_\_\_ Action Team Location (City, State, Zip): \_\_\_\_\_

Name of event: \_\_\_\_\_

Who or what is the recipient of the funds? \_\_\_\_\_

Are you partnering with another group on this event? ☐ Yes ☐ No If yes, please complete this statement:

This is a joint event with: \_\_\_\_\_

Date of event: \_\_\_\_\_

Day of week

Month

Date

Year

Start Time: \_\_\_\_\_ Approximate End Time: \_\_\_\_\_

Location of event: \_\_\_\_\_

Address: \_\_\_\_\_

Pricing:

Members

Non-members

Adults

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Children age \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Children age \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Reservation deadline date: \_\_\_\_\_ Prefer RSVP by: ☐ Mail ☐ Phone ☐ E-mail

Send RSVP / Direct questions to: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

This request submitted by: \_\_\_\_\_

Phone no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_