

East White Horse Beach Oceanside Association
DRAFT Area Request Form – FUNDING ALLOCATION

Petitioner Info (must be current paid East WHB Oceanside Association member):

Name: _____ Area: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Amount Requested (cannot exceed maximum available "Area" dollars, up to \$1,000): _____

Request Description (attach additional info as necessary):

Petitioner Signature: _____ Date: _____

Supporters: (must be current paid members of the EWHBOA, and the area in which funding is requested)

| | Name: | Signature: | Cottage #: |
|----|-------|------------|------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |