

## LATHAM FAMILY REUNION BUDGET REQUEST FORM

## INFORMATION

Reunion Host City		Date		
Name (Last, first, middle initial)				
Street address, City, ST, ZIP Code	2			
Primary phone number   Other	phone number	Email Address		
What is your position with y	our local chapter?			
<ul> <li>President</li> <li>Vice President</li> </ul>	Secretary Treasurer	<ul><li>Family Historian</li><li>Sergeant at Arms</li></ul>		
Amount Requested	<u>\$</u>			
When do you plan to use t	he funds?			
Briefly describe the purpose of the Budget Request:				

Signature & Position

Date

## Contact Information of the Local Chapter Officers or a Contact Person(s)

Name	Phone
Address	Email Address
Address	Position w/Local Chapter

Name	Phone		
Address	Email /	Address	
Address	Positio	n w/Local Chapter	
Name	Phone		
Address	Email /	Address	
Address	Positio	Position w/Local Chapter	
Name	Phone		
Address	Email /	Address	
Address	Positio	n w/Local Chapter	
Upon completion, email this form to the Tre Latham Family Reunion National Chapter.	asurer, and send a cark	oon copy to the President of the	
You can also mail this form to:			
Latham Family Reunion National Chapter P.O. Box 451514 Los Angeles, CA 90045			
Treasurer: Deshelah D. Latham E-mail: lathamdeshelah@yahoo.com		President: Ronald Ervin E-mail: ronaldervin@att.net	
For Administrative Use Only:			
Action taken		Date received	
		Date	
Action taken		Date	
Privacy Official signature		Date	

Attach additional documentation, if applicable.