



REQUEST FORM ~ BOTTLED WATER DONATION

COMMITTEE INFORMATION

DATE SUBMITTED: _____

NAME OF YOUR COMMITTEE: _____

COMMITTEE CHAIRMAN: _____

Please Sign Here

Please Print Name Here

1st Contact Phone Number

Alternate Contact Phone Number

ACTIVITY INFORMATION

DATE OF ACTIVITY: _____

NAME/DESCRIPTION OF ACTIVITY: _____

QUANTITY OF WATER BOTTLES NEEDED: _____

OZ. NEEDED		
12	16	20
SM	LG	XL

PICK UP DATE TIME

SPECIAL INSTRUCTIONS: _____

NOTE: It is the responsibility of the Committee Chairman to make any arrangements required for picking up water from the Water Company. We don't always have Staff available to assist. Thank You.

Please Initial Here _____

DELIVERY CONFIRMATION

_____ BOTTLED WATER PICKED UP ON _____

BY: _____
Please Sign Here

Printed Name Here

FOR ACCOUNTING USE ONLY

TOTAL COST: _____
