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Submission Date
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For AFM Use
Local No. _____

**PROGRAM SERIES**  
**REQUEST FOR PROJECT**

**LIST NO MORE THAN ONE (1) PROGRAM SERIES ON THIS FORM**

Name of Organization		Contact Name	
Address		City	State/Province
Telephone	Fax	E-Mail	

Your Organization's Mission:

Concert Information	Project Goal <small>You may attach additional info.</small>	Venue Type and Exact Location
Possible Date: _____ Name of Project: _____ <u>Program Length</u> Start Time: _____ End Time: _____ Leader or Group Name: _____ _____ _____	Estimated Attendance: _____ For MPF Use: _____	<input type="checkbox"/> Park (City, County, State, Federal) <input type="checkbox"/> School (Public, Private, Parochial, Special Needs) <input type="checkbox"/> Shopping Mall <input type="checkbox"/> Community Ctr., City Square, Block Party, Parade, Etc. <input type="checkbox"/> Art Festival, Art Center <input type="checkbox"/> Patriotic Observance <input type="checkbox"/> Other _____ Address: _____ _____

SIDEPERSON PERFORMANCE \$	CONTRACTOR AND/OR LEADER PERFORMANCE \$	* CO-SPONSORS CONTRIBUTIONS	\$
		GRAND TOTAL OF COSTS FOR PERFORMANCE(S)	\$

PERF. NO.	NO. OF MUSNS.	TOTAL WAGES OF PERFORMANCE.	EMPLOYEE PENSION WELFARE	TRANSPORTATION OR CARTAGE REQUEST	TOTAL COST OF EACH PERF.

MPF Recommending Agent - Print Name	Organization Representative - Print Name	Authorized Officer - Print Name
MPF Recommending Agent - Signature	Organization Representative - Signature	Authorized Officer - Signature

\* Do not submit co-sponsor check(s) until final project approval.