

REQUEST FOR ADVANCE FORM

KAIROS OF INDIANA- Advisory Council

Date: _____ Date of Weekend : _____ Weekend # _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Amount Requested \$ _____

I hereby promise to clear this advance within 21 days after the applicable weekend:

Submitted by: _____ OR eSignature _____
Signature

Ad Council Financial Secretary approval : _____ OR eSignature _____
Signature

Mail to: Jack Ellett
1815 Continental Drive
Zionsville, In. 46077

ellettkairos@indy.rr.com