WASHINGTON COUNTY DAIRY COMMITTEE DAIRY REQUEST

I/We am/are requesting support for

_____

Briefly describe the event, number of people involved, and the date for the activity you are seeking support for.

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NAME PRINT SIGNATURE DATE

_____

GROUP OR ORGANIZATION

_____

NAME AND ADDRESS FOR MAILING PAYMENT

Send the completed form to:

UW-Extension AG
P. O. Box 2003
West Bend, WI 53095-2003