

SPLASH Gordon 2020

PROJECT REQUEST FORM

Please fill out this form completely and give as much detail as possible in describing the project. A SPLASH representative will contact you or the person you submitted the project for to verify if the project has been accepted. Due to time and logistical constraints, not all projects will be accepted.

Date: _____

Name of Person in Need/Contact Person for Organization _____

Address _____

City _____ Zip _____ Phone _____

Alt Phone _____ Email _____

Best Contact Time (Visit and/or phone call) _____

*If you are submitting this project request on behalf of another person, please fill out your contact information below:

Name _____

Phone _____ Email _____

Name of Church/Organization _____

Phone of Church/Organization _____ Is this a rental property? Yes No

Please describe the project **in as much detail as possible**. What exactly needs to be done? _____

What sort of materials might be required for this project? _____

How would having this need met affect you /your organization? _____

Can this project be done in three days or less? Yes No

Would photography and/or video be allowed at this project site? Yes No