



Beef Classroom Promotion Program Request Form

Name of Organization/School: _____

Contact: _____ Email: _____

Address: _____ Telephone: _____

Please complete the form below and provide all information for your request.

Date(s) of Promotion/Event/Education _____

Total Amount Requested (up to \$100) _____

Provide a description of proposed event/program: (Attach additional pages if needed.)

Please submit the completed application form by mail or email and by the appropriate deadline dates to:

Minnesota Beef Council, Attn: Jon Dilworth, 5469 Hwy. 12, P.O. Box 39, Maple Plain, MN 55359
Email: jon@mnbeef.org Phone: 763-479-1011 Fax: 763-479-1015

Approved: _____
EXECUTIVE DIRECTOR, MINNESOTA BEEF COUNCIL DATE

Approved: _____
PROMOTION COMMITTEE CHAIRPERSON, MINNESOTA BEEF COUNCIL DATE