

NEIGHBORHOOD BLOCK PARTY REIMBURSEMENT AGREEMENT

Neighborhood Rep/NAC:	Date/Time of Party:	
Address:		
Phone:		
How many homes attended:		
Please write a brief paragraph (3 sentences minimur special or anything funny that you would like to share would like to share additional comments:	e. Please use the back of this page if you	
 Your reimbursement will be dependent on the Completed and signed Block Party Reimbursement. All original detailed receipts with only items receipt. (Optional) Neighborhood Block Party Sign-Inumber of homes that participated in the Boundary of two (2) and a mass JPEG photos from your Block Party that LAR the Roots and Wings quarterly magazine. Freeents@laderalife.com 	rsement Agreement purchased for the Block Party on each In Sheet verifying the names and Block Party eximum of eight (8) high resolution ICS can post on LaderaLife and/or in	
*Please be aware that your reimbursement by USPS to your home address within I confirm that provided reimbursable receipts are for	a 30 days of submittal to LARCS.	
Signature:		

Received By:_____ Receipts Received:_____ Reimbursement Check Request Processed:_____

For LARCS Use Only: