

This application will be reviewed and put to vote by the Mead's Corner Ministry Team. A simple majority vote determines approval or denial. Please see the included copy of the **Tip Jar Policy** for a detailed description of terms and conditions.

I have read and understand the terms and conditions as they are stated in the Tip Jar Policy.

Signature of organization representative:

Printed Name and Title:

_____ Date: _____

Signature of Mead's Corner Ministry Team representative:

Printed Name and Title:

_____ Date: _____

Approved

Approved beginning date: _____

Approved ending date: _____

Denied

Brief explanation of denial:

