



REQUEST FOR WSCA MEMBER CLUB SECRETARY ADDRESS LABELS

NAME OF PERSON/ORGANIZATION/CLUB REQUESTING LABELS: _____

ADDRESS: _____

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PHONE: _____ **EMAIL:** _____

Give a detailed explanation of what these labels will be used for: _____

By signing and submitting this request, I understand that:

- This request is subject to the WSCA Board approval. It may be denied for any reason.
- If the request is approved, these labels will be for a ONE TIME use only, the information on these labels are not for resale and are to be used solely for the purpose stated on this request.
- A \$50.00 check for label fees, written out to WSCA, will be included with this request.
- Signature of the person requesting the labels must be included on this form.
- This form should be sent, with the check, to: **WSCA Executive Secretary, Teri Spence, 47009 County Road 13, St. Peter, MN 56082.**

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: Check Number: _____

Received Date: _____