



Cauliflower Alley Club Benevolent Fund Request Form

This form must be completed before the CAC can consider financial assistance. If further information is required, we will contact you by telephone. All information submitted will remain strictly confidential and will not be made public. Information is used only to determine if your situation qualifies for financial assistance under the guidelines of the CAC Benevolent Fund. You do not have to be a CAC member; however, due to limited funds, members do receive priority consideration.

Full Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Are you a member of the Cauliflower Alley Club at this time? Yes No

If NO, were you ever a member? Yes No If YES, what years? _____

Why did you not renew your membership? _____

If you are a wrestler, what is your professional name? _____

If you are not a wrestler, what is/was your job? _____

If you were a wrestler, who trained you? _____

Is this a medical or health-related situation? Yes No

Do you have health coverage? Yes No Type of coverage? _____

What medical condition were you diagnosed with? _____

If not a medical condition, what expense do you need assistance with? _____

Is this situation Long Term Short Term Unknown

What is your average monthly income? \$ _____ Monthly expenses? \$ _____

Doctor's name? _____ Phone number _____

How much money are you requesting? \$ _____

Are you Employed Unemployed Lost Job Injured at Work Unable to Work Retired

If employed, who is your employer? _____

If this need involves a mortgage or rental company, please provide that contact information:

Full Name _____ Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Who informed you of the CAC Benevolent Fund? Name _____ Phone Number _____

NOTE: By your signature below, you certify that you have answered the above questions completely and correctly. Any misleading or false information will disqualify you from consideration.

Signature _____ Date _____

Once this form is completed, email it to Karl Lauer at caulifloweralleyclub@gmail.com.

Or mail it to: CAC Benevolent Fund, 383 Hwy OO, Rolla MO 65401