



## Cauliflower Alley Club Benevolent Fund Request Form

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

**Full Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

Have you worked in  pro wrestling  acting  boxing  other (please specify) \_\_\_\_\_  
If you wrestled, what was your professional name \_\_\_\_\_  
If you worked in a non-wrestler capacity, what was your job? \_\_\_\_\_  
If you were a wrestler or boxer, who trained you \_\_\_\_\_

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? \_\_\_\_\_

Is this a medical or health-related situation?  Yes  No  
Do you have health insurance  Yes  No Type of coverage: \_\_\_\_\_  
What medical condition were you diagnosed with \_\_\_\_\_  
If not medical, what expense do you need assistance with \_\_\_\_\_  
Is this situation  Long Term  Short Term  Unknown at this time  
What is your average monthly income \$ \_\_\_\_\_ Monthly expense \$ \_\_\_\_\_

**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:  
**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, to the best of your knowledge. Furthermore, you authorize the Cauliflower Alley Club to contact any or all individuals or companies named above to verify any information. You understand that any misleading or false information will disqualify you from consideration.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**After completing this form, mail it to:**  
**CAC Benevolent Fund – 4138 187th Ave. SE, Issaquah WA 98027**  
**or scan/e-mail it to caulifloweralleyclub@gmail.com**