

## **OFA Equipment Grants**

of the Equipment Grants					
Today's Date:					
Contact Name:					
Institution name	e:				
Institution web	site:				
Street Address:					
City:	State:	Zip:			
Contact person	's Phone:				
Contact's Emai	il Address:				
Learn to Fence	Class(es) or (	Camp(s) (list Date(s)	and Location(s)		
Please tell us th	ne registration	fees you will charge	your customers:		