



BEEF *for the* **Classroom**

2008-2009 School Year
Application

District: _____ County: _____

Name of School: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Email: _____

FACS Teacher
Name(s): _____

Number of Students in School: _____ Number of Students Participating in FACS class _____

Total Estimated Cost or Pounds of Beef Needed for All Classes: _____

****Note:** Applications will be reviewed and approved in the order they are received. Only a limited number of applications will be approved. Schools may be reimbursed up to \$100 for beef purchases within reasonable limits related to class size and cut of beef purchased.

Please mail or fax completed application to:

Kara Behlke
New York Beef Industry Council
PO Box 250 • Westmoreland • NY • 13490
Phone: 315 339-6922 • Fax: 315 339-6931