

# EXPO TEST REQUEST FORM

DATE \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

**CLUB:** \_\_\_\_\_

PHONE \_\_\_\_\_

[illegible]

**Request forms may be emailed or dropped off at the office. [llfringer@ucanr.edu](mailto:llfringer@ucanr.edu)**  
**Please allow 3 days for processing. Thank you.**