



APPLICATION FOR CONSIDERATION FOR FUNDRAISING EVENT

Organization Name: _____

Representative: _____

Phone Number: _____ Email: _____

Briefly describe the initiative or need that these funds would directly impact:

Briefly describe any ideas for generating funds within the platform of the event: (games of chance not permitted)

If request is item specific, please provide additional information, including any estimates received:

Total Number of Organization Participants: _____
Total Number of Full Time Employees: _____
Total Number of Volunteers: _____

Signature of Organization Representative: _____ Date: _____

Please email or fax the application to the following along with a copy of your organization's 501(c)(3) certification

Doug Beck dougbeck@pocono967.com Fax: 845-856-4747
Jody Nearhoof jln@desakirestaurant.com Fax: 570-839-2575

Please note event and advertising are based on availability

