

ROCK N FIRE

FUNDRAISERS APPLICATION

GENERAL INFO

NAME: _____

EMAIL: _____

PHONE: _____

ORGANIZATION INFO

ORGANIZATION: _____

501-C ID: _____
(IF APPLICABLE TAX ID)

EVENT INFO

EVENT DAY: TUES WED THUR

EST. TURNOUT: _____

PAYMENT DETAILS

CHECK PAYEE: _____

MAILING ADDRESS: _____

ADDITIONAL INFO:
