



Benefit Fundraising Event Application

Name of Event: _____ Date of Event: _____

Contact Name: _____ Phone: _____

Contact's company and address _____

Please explain the purpose of your company or organization _____

Why did you choose Promise2Kids as the beneficiary? _____

Do you know any of our board members? If yes, who? _____

Brief description of event _____

What assistance do you expect from Promises2Kids?

I have read and will follow Promises2Kids criteria to host a special event. I also verify that the information on this application is correct and complete.

Signature of authorized representative

Date

Printed name/title