

SIGN-UP SHEET

Restaurant FUNDRAISING NIGHT



Event Date: _____

Store Address Where Fundraiser Will Be Held:

Organization Name:

Is this organization recognized by the government as a non-profit organization? No Yes (Copy of Sales Tax Exempt Certificate required, please attach.)

Organization's Federal Tax Identification Number:

Organization's Address:

City: _____

State: _____

ZIP: _____

Contact Person's Name:

Contact's Phone Number:

Contact's Email Address:

Contact's Signature: _____

Date: _____

Store Manager's Pre-Approval: _____

Date Approved: _____

Terms of Agreement: Please note this agreement must be approved at least (4) weeks before scheduled fundraiser event. The organization is responsible to promote the fundraising event with its members. All flyers are to be distributed prior to the event, and under no circumstance are flyers to be handed out in the restaurant, in the parking lot, or vicinity of the restaurant. A check with 15% of the pre-tax sales amount will be mailed to the organization within 4-6 weeks after the event.

To be filled out by restaurant on night of event:

Restaurant Store Number: _____

Date: _____

General Manager's Approval Signature: _____

Date: _____

**This sales confirmation must be faxed by the store to 303-273-8097
Within 24 hours of the event.**

To be filled out by treasury:

Pre Tax Sales Total: _____