

**CRPF APPLICATION FOR EVENT
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NAME OF INDIVIDUAL ORGANIZING THE EVENT:

Title *First* *Middle* *Last* *Date*

ADDRESS: _____
Street

City *State* *Zip*

PHONE: *(HOME)* _____ *(OFFICE)* _____

FAX: _____

EMAIL: _____

NAME OF ORGANIZATION (IF APPLICABLE): _____

ADDRESS IF DIFFERENT FROM ABOVE:

Street

City *State* *Zip*

ORGANIZATION PHONE IF DIFFERENT FROM ABOVE: _____

WEBSITE OF ORGANIZATION (IF APPLICABLE): _____

IS THIS A 501(C)3 ORGANIZATION (circle one): YES NO
IF YES, PLEASE ATTACH A COPY OF YOUR 501(C)3 LETTER.

HAVE YOU ORGANIZED A FUNDRAISER BEFORE? YES NO
IF YES, PLEASE ATTACH A DESCRIPTION, ADDITIONAL INFORMATION, REFERENCES, PUBLICATIONS AND/OR PROGRAMS FROM PAST EVENTS.

HOW DID YOU BECOME INTERESTED IN ORGANIZING A FUNDRAISER:

**** APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO EVENT ****
Please keep in mind the mission of CRPF. As a non-profit organization, our resources are extremely limited. Any assistance you may require for your fundraiser must be requested in writing.

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PROPOSED DESCRIPTION OF THE EVENT: (ATTACHMENTS ACCEPTED)

TITLE: _____

PROPOSED DATE/TIME: _____

PROPOSED LOCATION: _____

DESCRIPTION: _____

HOW MANY EXPECTED TO BE INVITED/PARTICIPATE: _____

BUDGET: _____

COST TO GUESTS/PARTICIPANTS: _____

DO YOU WISH TO USE OUR LOGO? (CIRCLE ONE) YES NO

PUBLICITY PLANNED: _____

WHAT COMPANY WILL INSURE THE EVENT/PARTICIPANTS/HIRED STAFF?

WILL ALCOHOL BE SERVED? (CIRCLE ONE) YES NO

WILL PROCEEDS BE SHARED BY OTHER NON-PROFITS:(CIRCLE ONE) YES NO

NAMES OF OTHER NON-PROFITS: _____

NAME AND ADDRESS OF CORPORATE SPONSORS: _____

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