

SIGN-UP SHEET FOR RESTAURANT FUNDRAISER NIGHT

Event Date:					
Location address:					
Organization Name:					
Is your organization recogniz	zed by the government as a no (if so a copy of your 501(c)(3) letter mus	n-pr	ofit organization?	? YES	NO
Organization's federal tax ide	entification number:				
Organization's address:					
City:	State	:	Zip:		
Contact Person's name:					
Phone #	email address:				
Signature:					
event. The organization is responsi distributed prior to the event, and uparking lot, or vicinity of the resta	his agreement must be approved at ible to promote the fundraising evenuation of circumstance are flyers to urant. WFF Managers reserve the rigunt will be mailed to the organization banquets and/or political parties.	nt with be han ght to	h its members. All fly nded out in the restau stop or not pay out a	yers are to urant, in the fundraiser.	be e A check
TO BE FILLED OU	U <mark>T BY RESTAURA</mark> N	TI (ON NIGHT	OF EV	/ENT
Restaurant location:			Date:		
Manager's Approval Signatu	re:				
This Sales Conf	irmation must be returned t	o the	e office the same	date.	
Pre Tax Sales Total:					
	(To be filled out by Secret	ary)			