



Stop The Cycle.

Volunteer - Coordinated Event

Thank you for your interest in conducting a fundraising even or activity on behalf of SNAP, Inc. Your service and dedication is most sincerely appreciated. In order to better coordinate the activities of various groups or individuals, and to assure the best possible outcome, please complete and submit this application to SNAP, Inc. in sufficient time (minimum two weeks in advance) to allow for review and approval in advance of your event or activity.

1. Name of Sponsors or Organization _____

2. Contact Person _____ Number of Members _____

3. Mailing Address _____

4. Telephone _____ Fax _____ Email _____

5. Type of event/activity (use separate page if necessary):

6. Please attach a budget that demonstrates anticipated receipts and expenses (by type) and the gross receipts, total expenses and net to SNAP, Inc.

7. Does the sponsoring organization/individual agree to assume all costs of the event? _____

8. Sponsoring organization/individual agrees that SNAP, Inc. will receive the agreed net proceeds from the event, as specified in the budget, along with a final accounting of the funds within 30 days of the event.

9. Are the funds generated by the event or activity for SNAP, Inc. for general use or restricted use?

10. Location of the event or activity (include city and state) _____

11. Will location (i.e. mall, school, golf course etc) require site use contract? _____
If yes, attach a copy of the contract

12. Sponsoring organization/individual certifies that the location is accessible to people with disabilities.

13. Has sponsoring organization/individual coordinated similar events?

For whom? _____ Telephone _____

Gross amount received? _____ Net amount? _____

14. Sponsoring individuals or organization understands and agrees that all publicity for this proposed event or activity must be approved by SNAP, Inc. before it is printed or released.

15. Sponsoring individuals or organization further agrees to indemnify and hold SNAP, Inc. harmless from any and all claims of any nature whatsoever arising out of or in any way related to the proposed event or activity.

16. Nothing in this application form shall be construed to authorize the sponsors or any employee, volunteer or representative of the sponsors for this event or activity to act as an agent of SNAP, Inc.

Authorized representative of sponsors:

Name _____ Signature _____

fax this form and attachments to 713.880.3172