SIGN-UP SHEET





Event Date:	—		
From: 11:AM To: 8:00PM			
Store Address Where Fundraiser Will Be Held:			
Organization Name:			
			<u> </u>
s this organization recognized by the governm	ent as a non-profit organization?	$\square_{\rm No}$ $\square_{\rm Yes}$	If yes, a copy of you IRS letter, 501(C)(3) is required.
Drganization's Federal Tax Identification Numb	ber:		
Organization's Address:			
City:	State:	ZIP:	
Contact Person's Name:			
Contact Person's Number:			
Contact Email Address:			
Contact's Signature:		Date:	
Store Manager's Pre-Approval:		Date Approved:	
Terms of Agreement: Please note this agreen The organization is responsible to promote the and under no circumstance are flyers to be har A check with 20% of the pre-tax sales amount A current W-9 must be filled out and sen nonprofit organization.	fundraising event with its members. aded out in the restaurant, in the pa will be mailed to the organization	All flyers are to be distrib arking lot, or vicinity of the isted on the W-9 within	outed prior to the event, restaurant. 2-4 weeks after the event.
Restaurant Store Number:		Date:	
General Manager's Approval Signature:		Date:	
Signature of Officer / Representative of the	Corporation having Fundraiser:		
Pre-Tax Sales Total:			