

Budweiser events center NPO Program Application

### Organization Information

|  |  |
| --- | --- |
| **NPO NAME** |  |
| **Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Federal Tax ID** *Attached completed IRS W-9 and IRS 501 C3 Letter with your application.* |  |
| **Statement of Group Purpose** (2-3 sentences) |  |
| **Fundraising Goal for this partnership** | $ |
| **Has your organization served food & beverages as a fundraiser before?** If Yes, please explain: |  |
| **Has your organization partnered with Comcast and/or Spectra before?** If Yes, please explain: |  |

### Event & Event Commitment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Season** (36 games) |  | **Half Season** (18 games) |  | **On Call** |  | **Other** *(indicate #)* |  |
| **# of Adults (over 18)** |  | **# of Youth (16+)** |  |

### Primary Contact – NPO Leader

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Tel. Work** |  | **Fax** |  | **Home** |  | **Cell** |  |
| **Email** |  |

### Secondary Contact – NPO Co-Leader

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Tel. Work** |  | **Fax** |  | **Home** |  | **Cell** |  |
| **Email** |  |

### Treasurer

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Tel. Work** |  | **Fax** |  | **Home** |  | **Cell** |  |
| **Email** |  |

### Checks Mailed To

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **Address** |  |
| **City** |  | **State** |  | **Zip** |  |

**I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that this is an application only and does not constitute a binding agreement between my organization and Spectra.**

Signature of Group Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_