

## **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 OVG Hospitality			
before?			
If Yes, please explain:			

# **Event & Event Commitment**

Full Season (36 games)	1	Half Season (18 games)	On Call		Other (indicate #)	
# of Adults (over 18)			# of Yout	h (16+)		

#### **Primary Contact – NPO Leader**

First Name			Last Name		
Address					
City			State	Zip	
Tel. Work	F	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 OVG Hospitality.

Signature of Group Representative	Date

Name: \_