



BUDWEISER EVENTS CENTER NPO PROGRAM APPLICATION

Organization Information

NPO NAME				
Address				
City		STATE		ZIP
Federal Tax ID <i>Attached completed IRS W-9 and IRS 501 C3 Letter with your application.</i>				
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
Email			Cell

Secondary Contact – NPO Co-Leader

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

Treasurer

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

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: _____