



# Get Funds Night!

## APPLICATION

Organization Name: (as written on tax records)

Organization Name: (to be shown on vouchers)

Organization Address: (must match tax ID#)

Organization Tax ID#:

Description of Organization:

Purpose of having Get Shaved Get Funds Night:

### Get Shaved Use Only

Non-Profit Eligible: \_\_\_\_\_

Final Date & Time: \_\_\_\_\_

Application Received Date: \_\_\_\_\_

Application Received By: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

PDF of Get Funds Night vouchers/flyer emailed: \_\_\_\_\_

Contact Name:

Contact Email:

Contact Phone:

Organization Fax:

Date Requested for a Get Funds Night:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Has your Organization participated in a Get Shaved Get Funds Night? (Circle Yes or No)

(If yes, when? Month/Date/Year)

Requested Location: (Circle one)  Truck  Store

Store location (if applicable): \_\_\_\_\_

Estimated Get Funds Night Attendance:

Get Funds Night Fundraising Goal:

20% of Get Funds Night sales to be donated (not including gratuity or tax)

Contact Signature: I have read and understand the Get Funds Night Organization guidelines