



APPLICATION FORM

Name of Organization

Date Organization Established

Number of Members

How did you hear about our fundraising program? (TV, radio, fa

Quantity of tickets wanted (minimum 200)

Preferred Billing Method: Email Regular Mail

Office Use Only

Date Received

Received by

Date Processed

Down Payment Required

CONTRACT SIGNERS (TWO NAMES REQUIRED)

APPLICANT #1

Name

Home Address

City, Zip

Business Phone

Home Phone

Cell Phone

Employer

Email Address

APPLICANT #2

Name

Home Address

City, Zip

Business Phone

Home Phone

Cell Phone

Employer

Email Address

By signing below, we hereby give FCH Enterprises, Inc. the right to verify the above information.

Signature - Applicant #1

Date

Signature - Applicant #2

Date