



GROUP FUNDRAISING APPLICATION

ORGANIZATION INFORMATION

Organization:

501(c)(3) Federal E.I.N.:

Phone:

Current address:

City:

State:

ZIP Code:

Year Established:

Organization Type:

Website:

Mission Statement:

Please tell us a little about your organization:

CONTACT INFORMATION

Primary Contact Name:

(i.e. CEO, President, Executive Director, or Development Officer at the Organization)

Title:

Address:

Phone:

E-mail:

City:

State:

ZIP Code:

Requester Contact Information:

Title:

Phone:

Email:

City:

State:

ZIP Code:

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Afternoon							
Evening							

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize Canterbury Park to verify any information relevant to suitability as a fundraising group.

Print Name:

Signature:

Date:

*Please attached a copy of your 501(c)(3) status approval from the Department of the Treasury, IRS.