



New England's Premier Skate & Bike Park

Community Night Application

Organization

Organization's Name*: _____

Organization's Address*: _____

Address 2: _____

City*: _____ State* _____ Zip Code* _____

*Will the donation check be mailed to the organization listed above? Yes____ No____

* Is this a non-profit organization? Yes____ No____

Estimated number of attendants: _____

* Attach W9 form to application.

Contact Information

First Name*: _____ Last Name*: _____

Email*: _____ Phone*: _____

Potential Date Options

Date 1*: Month: _____ Day: _____ Year: _____

Date 2*: Month: _____ Day: _____ Year: _____

Date 3*: Month: _____ Day: _____ Year: _____

Brief Description of Organization and Fundraising Effort*

Has your organization ever participated in a fundraiser like this before, if yes briefly describe the experience, and where it took place.

Does your organization have an interest in hosting a silent auction or 50/50 raffle? If yes please list a couple of prizes.*
