



Ele's Place Ann Arbor Third-Party Fundraising Event Application

Name of Sponsor (Person/Organization): _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Title: _____
Phone: _____ Email: _____ Website: _____

Please briefly describe your proposed Third-Party Fundraising Event ("Fundraising Event"), including location: _____

Date(s) of Fundraising Event: _____ Start/End Times: _____

How will Fundraising Event be promoted?: _____

Will Admission be charged? Y / N If yes, amount: _____ Expected # of guests: _____

How and where will tickets be sold? _____

Will the Fundraising Event benefit other organizations? Y / N If yes, please list all other organizations: _____

Are there additional ways in which funds will be raised? Y/N If yes, please describe other forms of fundraising at the Fundraising Event: _____

Percentage of gross revenue that will to be donated to Ele's Place Ann Arbor: _____
- OR - Expected donation to Ele's Place Ann Arbor: _____

Other details you would like to include: _____

_____ I/We have read and signed the **Ele's Place Ann Arbor Third-Party Fundraising Event Terms Agreement**, and agree to comply with all terms included therein. (Please Initial)

SIGNATURE

DATE

Questions? Please contact Stacey Bodner, Events Coordinator at Ele's Place Ann Arbor
Email: sbodner1@elesplace.org Phone: 734.929.6640 ext 2211

**Please email your completed Application to Stacey Bodner at sbodner1@elesplace.org
- OR - mail it to: Ele's Place Ann Arbor, C/O Stacey Bodner, 5665 Hines Drive, Ann Arbor, MI 48108**

