



FUNDRAISING APPLICATION FORM

City of Slide: _____

Contact Person: _____

Date: _____

Title: _____

of Volunteers: _____

Job Requested: _____

Organization: _____

501c3 Policy #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Briefly describe your organization below:

First Name: _____

Email: _____

Last Name: _____

Distance to Event (miles): _____

Cell Phone #: _____ - _____ - _____

Transportation: _____

Special Needs: _____

Disclaimer: All payments can and will be negotiated and checks will be sent out on a Net 15 basis after the day of the event. Not every applicant will be accepted for the fundraising opportunity. The Urban Slide is not liable for any damages to any fundraising groups on the day of the event. You must be selected to receive any form of payment from The Urban Slide.

Please complete and return to Fundraise@TheUrbanSlide.com