

Fundraising Proposal

Name of Group / Organization / Company: _____
 Address: _____
 Event manager or organizer the event: _____
 Phone: _____ Mobile: _____
 Email: _____
 Website (if applicable): _____
 Have you ever raised funds with Scoops before? Yes No

FUNDRAISER DETAIL

Fundraising Event name: _____
 Proposed Start Date: _____ End Date: _____
 Address (Venue if applicable): _____
 How do you plan to advertise your Fundraising Event?

 Type of organization: Social Club Company Non-Profit Association
 Partnership Sport Booster Teams
 Other: (LIST) _____

BILLING INFORMATION:

Bill To: _____
 Address: _____
 Phone: _____ Mobile: _____
 Email: _____
 TAX ID Number: (if not available 5.5% tax is applied) _____

ACKNOWLEDGEMNT

I accept the terms of the Scoops Ice Cream Fundraising Standards.

I agree to conduct my Fundraising Event in accordance with ethical terms and conditions and in a manner that upholds the integrity of Scoops Ice Cream House.

I agree to abide by the Ethical Terms and Conditions of Fundraising for Scoops Ice Cream House and indemnify Scoops Ice Cream House and Terra Verde LLC from and against all claims, liabilities, losses, damages, costs, and expenses arising from any claim, suit or action arising whether directly or indirectly from or in connection with this Fundraiser Event that is the subject of this application.

I agree to the financial responsibilities and terms for all invoices generated from the Fundraiser Event to be paid in full according to billing terms of net 7days.

Signature: _____

Print name: _____

Date: _____

Authorized signatory for and on behalf of Event Fundraiser