



SIGN-UP SHEET FOR RESTAURANT FUNDRAISER NIGHT

Event Date: _____

Location address: _____

Organization Name: _____

Is your organization recognized by the government as a non-profit organization? **YES** **NO**
(if so a copy of sales tax exempt certificate must be attached)

Organization's federal tax identification number: _____

Organization's address: _____

City: _____ State: _____ Zip: _____

Contact Person's name: _____

Phone # _____ email address: _____

Signature: _____

Terms of Agreement: Please note this agreement must be approved at least 2 weeks before scheduled fundraiser event. The organization is responsible to promote the fundraising event with its members. All flyers are to be distributed prior to the event, and under no circumstance are flyers to be handed out in the restaurant, in the parking lot, or vicinity of the restaurant. A check with 20% of the pre-tax sales amount will be mailed to the organization within 4 weeks after the event. Excludes and private parties, private rooms, banquets and/or political parties.

TO BE FILLED OUT BY RESTAURANT ON NIGHT OF EVENT

Restaurant location: _____ Date: _____

Manager's Approval Signature: _____

This Sales Confirmation must be returned to the office the same date.

Pre Tax Sales Total: _____

(To be filled out by Secretary)