



FUNDRAISER APPLICATION AND CHECK REQUEST FORM

THE TOP HALF OF THIS FORM MUST BE COMPLETED BY THE ORGANIZATION.
PRINT ALL INFORMATION CLEARLY. COMPLETE ONE FORM FOR EACH EVENT. BRING THIS COMPLETED FORM AND W-9 FORM TO THE YOGHUT RESTAURANT WHERE THE EVENT WILL BE HELD.

Event Details:

Restaurant Location _____

Organization Name _____ Email Address _____

Organization Mailing Address: _____

Organization City, State & Zip Code: _____

Contact Name: _____ Telephone: _____

Event Description: _____

Organization's 9 digit Tax ID Number: _____

We have agreed to hold our Yoghut fundraiser event on:

Day & Date _____ During the hours of _____

Signature: Organization Representative

Signature: Restaurant General Manager

Print Organization Name Date

Print General Manager Name Date