



Community Fundraising Application Form

Event Name: _____

Date: _____ Time: _____

Event Location (Name of Facility & Address): _____

Expected Revenue: _____ Expected Number of Attendees: _____

Target Audience: _____

Plans for Event Promotion: _____

Event Description:

Contact Name: _____ Contact Phone: _____

Contact Address: _____

Contact Email: _____

ACKNOWLEDGMENTS

I acknowledge that InMotion® reserves the right to withdraw its name from the event at any time. I acknowledge that I have read and understand the information contained in the InMotion® Community Fundraising Policies and Guidelines and will adhere to them.

Applicant Name

Applicant Signature

Date

InMotion® Staff Name

InMotion® Staff Signature

Date

Return completed form to wvoelker@beinmotion.org at least 30 days prior to your event for approval.