

Grassroots Events Application Form

Instructions:

Please complete as much as you can of this form and return it to:

Special Events Team
The Partnership at Drugfree.org
events@drugfree.org
Fax: 212-922-1570

Date of
Application: _____
Name/Organization: _____
Address: _____
City, State, Zip _____
Daytime Phone: _____
Email: _____

Your Fundraising Event: _____

Description : _____

Estimated Attendance: _____

Date/Time: _____

Location: _____

Estimated Donation to The Partnership at Drugfree.org: _____

How will funds be raised (tickets sales, raffles, etc): _____

Have you ever organized a fundraiser before? Yes or No

Are there any other charitable organizations benefiting from this event? Yes or No

If yes, please list: _____

Event Sponsors/Underwriters: _____

What support will you need from The Partnership at Drugfree.org: _____
