



# DESERT STORM POKER RUN 2019 APPLICATION FOR CHARITABLE PARTNER



## BUSINESS CONTACT INFORMATION

Company Name		Date business commenced	
Phone   Fax		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 501c3	Social Media Pages:
E-mail			
Website			
Registered Company Address City, State ZIP Code			

## CONTACT INFORMATION

Contact Person		Contact Person	
Title		Title	
How long with Company		How long with Company	
Phone		Phone	
E-mail		E-mail	

## BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Years doing business together		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Years doing business together		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Years doing business together		Other	

## WHY YOUR COMPANY

**(FEEL FREE TO USE ADDITIONAL PAGES IF NECESSARY)**

1. Tell us about your company. What is your mission, values, goals?
2. Why would it be a good partnership for both Storm Charities and your company?
3. If your company is chosen what do you hope to gain from the partnership?
4. Why should Storm Charities choose you as the Charitable Partner for Desert Storm 2019?
5. What would you do with the monies received from the event?

## AGREEMENT / CODE OF CONDUCT (PLEASE INITIAL EACH LINE)

1. If chosen we agree to operate with the best of intentions always showing honesty and integrity: \_\_\_\_\_
2. The monies from Storm Charities and its participants will be used for the requested interest and nothing else: \_\_\_\_\_
3. We agree to cross promote each member of the partnership to help network and grow both business: \_\_\_\_\_

## SIGNATURES

Signature (Applicant)	
Name and Title	
Date	