



## **BounceBack! Fundraising Application**

Your organization must complete and submit this application in order to qualify to host **a BounceBack! Fundraising Event**. All information fields are required in order to process your request. You will be contacted by a **BOUNCE!** representative regarding the status of your application and to schedule your event.

**Organization Name:** (As written in Tax Records)

**Contact Name:**

**Organization Address:**  
(Information will appear  
on event vouchers)

**Contact E-mail:**

**Contact Phone:**

**Tax ID Number:**

**Please tell us about your organization and the purpose of the BounceBack! Fundraising Event.**

**Date Requested for a *BounceBack!* Fundraising Event:**

1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

3rd choice: \_\_\_\_\_

***BounceBack! Fundraising Events*** are usually scheduled Monday through Thursday evenings from 5PM-8 PM. We recommend hosting a ***BounceBack! Fundraising Event*** for a minimum of three hours.

Final times and schedule will be determined by our ***Bounce!*** management team. ***BounceBack! Fundraising Events*** are scheduled at the sole discretion of the ***Bounce!*** management team.

**Estimated Give Back Night Attendance:**

**Give Back Night Fundraising Goal:**

**Contact Signature:**

*By signing, I am confirming that I have read and understand the **BounceBank! Fundraising Night** and agree to abide by all rules regulations and guidelines set forth in the Organization Guidelines*

**Bounce! Use Only**

Non-Profit Eligible: \_\_\_\_\_

Final Date (Day and Date) \_\_\_\_\_

Final Time: \_\_\_\_\_

Application Received Date: \_\_\_\_\_

Manager Approval signature:

\_\_\_\_\_

Marketing Signature:

\_\_\_\_\_

PDF of "Bounce! Give Back Night Flyer and Poster e-mailed: (date)

\_\_\_\_\_