



FUNDRAISER APPLICATION

Name of Contact & Group or Organization Name: _____

Address: _____

Telephone: _____ Email Address _____

Services we would be willing to provide to GGND would include:

Services we have provided GGND in the past years would include:

AND/OR We would like GGND to contact us with Fundraiser ideas _____

	Adults Available	Kids/Young Adults Available
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

List times available if appropriate.

GGND is looking for several organizations to help with different events throughout the weekend and some to help in the few weeks prior to the event. We do offer to donate to organizations for their participation. All donations are based on the amount of people available, hours put in & quality of work. This application is required for any organization looking to fundraise during Good Neighbor Days. Organizations may be offered multiple events/opportunities if available. All applications will be reviewed by the committee and a decision will be made as to who is best suited to each event. The earlier your applications are in the better. **If your organization has helped with a certain event in the past please list that on this form. It doesn't guarantee you will receive it again, but it reminds us to give you consideration! Thank you!** If you are a class at the school please put both the parent representative and staff representatives name & Contact on this form!

Hold Harmless Indemnity Waiver: I hereby release the Town of Gordon, Gordon Good Neighbor Days committee, and any and all affiliated parties from any liability for injuries or damage incurred by myself, members of my party or my property as a direct or indirect result of my participation in this event.
 Responsible Party Signature _____ Date: _____