



COMMUNITY FUNDRAISING APPLICATION

YOUR NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE: _____

EMAIL ADDRESS: _____

ORGANIZATION NAME: _____

EVENT NAME: _____

EVENT DATE: _____

EVENT LOCATION: _____

ESTIMATED NUMBER OF ATTENDEES: _____

EVENT DESCRIPTION: _____

Thank you for your interest in fundraising with The Yogurt Lab!

