



FUNDRAISING EVENT HOST APPLICATION

Name of Event: _____

Brief description of event: _____

Date(s) of event: _____ Time of event: _____

Location of event: _____

Projected monetary goal: _____

Support needed from FACT (materials, marketing, etc): _____

FACT Volunteers needed ___ Yes ___ No Number of volunteers needed _____

Event Host
contact: _____

Address: _____ City _____ Zip _____

Phone number: Office _____ Cell _____ Email: _____

Please review and sign below.

A copy of the completed form will be returned to you upon approval.

I understand that I / my organizations may not use FACT's or Camp Gonnawannagoagin's name or logo without the consent of the Executive Director.

Misrepresentation of FACT or its programs is strictly forbidden.

FACT is a 501c3 corporation. Tax Id# 54-1824385 Donations to FACT are tax deductible

Signature

Date

**Please return form at least two weeks prior to
the event Families of Autistic Children in
Tidewater
Attention: Executive**

Director 520 Viking
Drive
Virginia Beach, VA
23452 757-422-2040
Fax: 757-306-7055
Email: camp4autism@gmail.com