

Fundraiser Application Form

Name of organization

Name of Primary Fundraiser Contact

Address City

St

Zip

E-mall (main contact)

Phone (main contact)

Projected start date

Projected ending date

How many sellers (approximately)?

What is the amount you hope to raise?

What will the funds be used for?

Your signature Date:

Submit this application by:

[E-MAIL: contact@utahlocalsgiveback.com](mailto:contact@utahlocalsgiveback.com) FAX: 800-715-3380