

Signature:

FUNDRAISER APPLICATION

Name:		Phone Number:	
Email	Address:		
Fundraising Date Requested: Offered ONLY Sunday, Monday or Wednesday all day; Date is not guaranteed until approved by hon		Buffalo Wild Wings® Requested Location:	
1.	What is the name of your school or organization?		
2.	Are you a booster club, not-for-profit organization, et	c.?	
3.	. How many flyers do you plan on distributing? (We recommend a minimum of 250 flyers)		
4.	How would you like your organizations name to appear on the flyer?		
5.	Check payable to*:		
6.	Appropriate mailing address for donation check (will be otherwise specified).	be sent to B-Dubs [®] location that held fundraiser unless	
	Name:		
	Street Address:		
	City, State, Zip Code:		
	Guidelines, Rules	and Regulations	
you do provide or place pass fly from th	NOT hear from a team member within one week of submitting your ed with a flyer template to promote your event. We encourage you to a stack of flyers in a local business. Copies can be printed or shown rers out in/around restaurant. Groups found doing so will forfeit the	completed return to the restaurant you would like to host your event at. If form, please follow up. Once your fundraiser is approved, you will be to promote your fundraiser through Facebook, e-mail blast, press release, a digitally to a B-Dubs® team member. Your organization is NOT allowed to leir donation. We will donate 20% of all net sales back to the organization ur fundraiser are shared with the event host within seven (7) business to arrive.	
If your fundraiser <u>does not</u> bring in at least \$300 of net sales/\$60 donation, Buffalo Wild Wings® <u>will not</u> issue your organization a check. There will be a \$15 service fee if a check needs to be canceled then reissued in the instance that it is lost en route. *Buffalo Wild Wings® may ask for W9 or 501c3 paperwork.			
I have read and fully understand the fundraising guidelines and agree to participate in a fundraising night at Buffalo Wild Wings®:			

Date: