

2018 St. Louis Renaissance Festival

www.stlrenfest.com • (636) 639-5173 • efish323@gmail.com Weekends September 15—October 14 • 10am—6pm

Cars 4 Cash & Bags 4 Cash Application

10 DAY—ORGANIZATION INFORMATION																
Organization Name																
Organization Address												Apt.	/Unit#			
City							ate	е								
Phone						Fa	ΙX									
Website						E	mail									
Organization Federal Tax ID #						(Must be 9 digi							its long, does not contain letters)			
Organization Federal Tax Name						(As shown						own on you	n on your Income Tax Return)			
DDIMADY CONTACT INFORMATION																
PRIMARY CONTACT INFORMATION																
Contact Name						Title:										
Contact Address												1	ı			
City						Sta	ite					Zip				
Contact Phone					Em	ail										
NETWORKING QUESTIONS																
How did you hear about the STLRF fundraising opportunity?																
Primary reason for participating in the STLRF Fundraiser?																
Why would your organization be successful in the STLRF Fundraiser?																
FESTIVAL DAY SPECIFICS																
How many volunteers will be available per day?								Average age of volunteers?								
Booth Choice: #1:								#2:								
Coordinators to Supervisor and work in booth(s):																
Primary Contact:								Phone:								
Secondary Contact:								Phone:		_						

POTENTIAL EARNING INFORMATION										
How much does your organization wish to earn?										
What will the earnings be used for?										
PREVIOUS EXPERIENCE										
Has your organization worked at the STLRF before?										
f so, which booth?										
What did you like most about your previous STLRF Fundraising experience?										
Has your organization worked other fundraisers or events?										
If yes, please list event(s):										
What did you like most about previous fundraising event(s)?										
Does your organization have any of the following experience? Cooking Cash Handling Hawki	าg									
ORGANIZATION SPECIFICS										
Please provide a brief description of your organization:										
What is your organization's mission?										
What year was your organization established?										
What is the greatest accomplishment of your organization?										
What awards or honors has your organization received?										
Please indicate how communication between organization and STLRF should be directed:										
☐ PLEASE CONTACT AND SEND DIRECT CORRESPONDENCE TO OUR ORGANIZATION ☐ PLEASE CONTACT AND SEND DIRECT CORRESPONDENCE TO OUR CONTACT PERSO	PLEASE CONTACT AND SEND DIRECT CORRESPONDENCE TO OUR CONTACT PERSON									
Signature Date:										

To expedite the review of your Fundraising Application, please email your completed form to: Amanda Kuchar, Director of Food & Beverage: **amandahuberphc07@yahoo.com**

You may also mail the application to the following address:

STL Renaissance Festival ATTN: Fundraising Groups 207 S. Linn Ave. Wentzville, MO 63385