

Community Fund Raising Program Application Form

(Please print or type)

Name of Organization: _____

Type of Organization: _____

Number of members: _____ Date organized: _____

Previous fundraisers (Times, Zippy's, huli huli chicken, etc.):

Fundraiser: _____ Date: _____ Tickets sold _____

Fundraiser: _____ Date: _____ Tickets sold _____

Type of fundraising requested from Times:

_____ Plate Lunches _____ Buffet _____ Bread

Contract Signers (must have two):

1. _____
Name Place of Employment

_____ Business Phone Home Phone Cell Phone

_____ Home Address City Zip

2. _____
Name Place of Employment

_____ Business Phone Home Phone Cell Phone

_____ Home Address City Zip

Times Super Market reserves its right to reject any application for any reason.

Signature – applicant 1: _____ Date: _____

Signature – applicant 2: _____ Date: _____

(For Times Office Use Only)

Application approved: _____ Yes _____ No

Approved by: _____ Date: _____

Down payment: _____ Yes _____ No Amount required: _____

Ticket sales start date: _____ Tickets Expire: _____ Tickets ordered: _____

Ticket # _____ to _____

Reorder amount: _____ Down Payment: _____

Ticket sales start date: _____ Tickets Expire: _____

Payment for previous order: _____

Ticket # _____ to _____

Total tickets delivered: _____

Partial Payment (3 weeks prior to expiration date)

50% of the value of tickets received from Times: _____

Deadline for ticket return: _____ # of tickets returned: _____

Total # of tickets to be billed for: _____ Cost per ticket: _____

Printing costs (if any) _____

Total cost to organization for all tickets purchased: _____

Less previous payment(s): _____ Total amount to be billed: _____

Payment made in full: Yes: _____ Date: _____

No: _____

If “no”, what action is being taken: