

VERIZON ARENA NON-PROFIT CONCESSION APPLICATION

NAME OF GROUP: _____

CONTACT PERSON (S): _____

MAILING ADDRESS: _____

PHONE (HOME): _____ (CELL): _____

E-MAIL (S): _____

PLEASE PROVIDE A COPY OF:

(1) ARTICLES OF INCORPORATION

(2) FEDERAL NON-PROFIT TAX EXEMPT FORM 501 (C) 3

TAX ID NUMBER: _____

PLEASE LIST PAST COMMUNITY ACTIVITIES FOR REFERENCES: DATE:

NUMBER OF VOLUNTEERS AVAILABLE: _____

NUMBER OF ACTIVE VOLUNTEERS IN ORGANIZATION: _____

ARE ALL WORKERS AT LEAST 21 YEARS OF AGE? _____

ARE THEY WILLING TO SERVE BEER? _____

YOUR ORGANIZATIONS AVAILABILITY (MARK ALL THAT APPLY)

WEEKDAY

WEEKNIGHT

WEEKEND-DAYS

WEEKEND-NIGHTS

Heather Raymo Non-profit Coordinator