

COMMUNITY FUNDRAISER APPLICATION

Thank you for your interest in hosting a fundraising event for Loggerhead Marinelifelife Center. Please complete the application below and submit it before your proposed activity. Allow 5 to 8 business days for LMC staff to review. Please complete Parts 1, 2, and 3.

PART 1 Contact Information

| | | | |
|---------------------------------------|--------------|----------------------|------------|
| Contact Name | | Title | |
| Company / Organization Name | | | |
| Street Address | | | |
| City | State | | Zip |
| Contact Phone | | Contact Email | |
| Company Website, if applicable | | | |

I have read, understand, and agree to abide by the Loggerhead Marinelifelife Center Third Party Fundraiser Guidelines for special events and promotions to benefit Loggerhead Marinelifelife Center.

Signature: _____

Date: _____

Please continue to Part 2.

APPLICATION • PART 2

Event / Promotion Information

| | | | |
|--|----------------|-----------------------------|---------------|
| Name of Event | | | |
| Type of Event | One-Time Event | Annual Event | Ongoing Event |
| Date(s) of Proposed Event | | Time of Event(s) | |
| Location of Event | | Estimated Attendance | |
| Description of Event How will funds be raised? (sponsorship, raffle tickets, ticket sales, auction, and so on) | | | |
| Does this event require a permit? | | YES | NO |
| Are there any other beneficiaries of this event? | | YES | NO |
| If yes, name the other organization(s) and the percentage each will receive | | | |
| Who is your target audience? (coworkers, family, friends, and so on) | | | |
| List other businesses, besides your own, that you plan to solicit for cash or donations | | | |

Publicity and Promotion Information

All materials must be reviewed and approved by LMC before the event.

| | |
|--------------------------------|-------------------------------|
| Press Releases sent to: | Flyers distributed to: |
| PSAs sent to: | Other: |

Please continue to Part 3.

APPLICATION • PART 3

| | | | |
|--|-------|------|-------|
| Does your company plan to match the amount you raise? | | YES | NO |
| Donation to LMC to be transmitted via: | CHECK | CASH | OTHER |
| Expected date of donation | | | |

I agree that until written permission has been granted, contributions may not be solicited in the name of LMC, and the LMC name may not be used for any other purpose.

Printed Name: _____ Signature: _____ Date: _____

Once final approval has been granted, I agree to adhere to the LMC Third Party Guidelines provided by Loggerhead Marinelife Center.

Printed Name: _____ Signature: _____ Date: _____

Please return your application to:

Loggerhead Marinelife Center, Attn: Development Team,
14200 U.S. Highway 1, Juno Beach, FL 33408
Or email: development@marinelife.org