

Quemahoning
Chillin' for Charity Winter Festival & Arctic Splash 2019

To be considered for participation, please fill out and **return** to chillinforcharity@aol.com or mail to
Chillin' for Charity 189 Gilbert Hollow Rd., Hollsopple, PA 15935 **by August 24, 2018.**

Participating Organization Form

Name of Organization: _____ Date: _____

Name of Contact Person: _____ Phone: _____

Program Name (if different from organization name) _____

Organizational Mission: _____

Program Activities: _____

Geographic Location of Program(s) _____

Type of program/services provided _____

Age demographic of those receiving services: _____ Total # Served in 2018: _____

Organizational member(s) (no more than 2) committed to participating on event planning committee:

Name: _____ email: _____ phone: _____

Name: _____ email: _____ phone: _____

Is this organization predominantly volunteer drive: yes ___ no ___

Does this organization have a current 501 (c) 3 status? yes ___ no ___

What percentage of the organizational operating budget goes towards direct services? _____

I understand that if chosen, our organization must agree to the following:

1. Organization agrees to send consistent representation to monthly event planning meetings.
2. Organization agrees to take an active role in event preparation.
3. Organization agrees to recruit participants to raise funds for their organization.
4. Organization agrees to raise at least \$2,500.00.
5. Organization agrees that up to 10% of the funds they raise will go towards event overhead. This figure may be lower, depending on costs.

Signature: _____