



Fundraising Application

Please complete this form and **take it to your local Tidal Wave Auto Spa. The manager must review your application.** Please allow a minimum of 10 days between the date you submit application and the desired start date of your fundraiser. All fields are **required** for us to process your application.

This section to be completed by organization representative

Type of Organization (circle one):

Non-Profit Group	Sports team / Booster Club	Church Group
School Group	Service Organization	Fraternity / Sorority

Tidal Wave Site Location: _____

Organization Name: _____

Mailing Address including City, State, Zip: _____

Contact Person: _____

Your Role in Organization: _____

Phone (Day & Evening): _____ Email: _____

Number of coupons requested: _____ Date coupons needed: _____

This section to be complete by organization representative AND Tidal Wave Manager together

Event Start Date: _____ Event End Date: _____
(to be filled in by Tidal Wave)

Fundraiser must be completed AND Reconciled 30 days or less from the date the coupons are received. Checks cannot be held more than 30 days. There is no set-up fee. Effective 1/1/2020, a \$1 restocking fee will be charged for each returned coupon.

Your Signature: _____ Date: _____

Approved by: _____ Date: _____
Site Leader