

**CHIP IN FOR CHARITY REGISTRATION FORM
2016**

PROGRAM INFORMATION

Program Name _____
 PTA/PTO Booster Club Sport: _____ Other _____

Mailing Address _____
City _____ State _____ Zip Code _____

Phone # _____ Fax _____

Website _____

Director's Name _____

Goal: \$ _____ For: _____

Businesses that donate to you _____

CONTACT INFORMATION

Contact name _____

Phone Number _____

Email Address _____

SUMMER CONTACT INFORMATION- This is very important as our event is in the summer

Contact name _____

Phone Number _____

Email Address _____

SUPPLIES

Initial Number of Ticket Vouchers Requested _____ (max. 200 per group)

If you run of ticket vouchers, you can request more when all prior vouchers are accounted for and funds turned in.

IMPORTANT: Unsold vouchers MUST be returned by July 23, 2015. If not returned, vouchers used for admittance will be deducted from your funds.

I realize that by participating in this program, I have responsibilities for accountability and record-keeping on behalf of my organization. All funds for ticket voucher payment (cash or check) will be delivered to the Reno-Tahoe Foundation for final accounting. I understand all checks are to be made payable to Reno-Tahoe Open Foundation. I agree to this and all other printed instructions and/or materials in conjunction with this fundraiser.

Signature of Authorized Representative

Date

