Daybreak Fundraising Event Application Form

Event organizer (organization or in	ndividual)	
Contact name	Daytime phone	
E-mail address		
Mailing address		
City, State, ZIP		_
Event name		
	e raised	
	Location	
Event hours	Rain date (if	f applicable)
Is event open to public? \Box	Yes 🗖 No	
Admission fee \$		
Will you want to use Daybreak's na	ame and/or logo to promote your event? \Box	Yes 🗖 No
C C	ll benefit from this event, please list their n	
Daybreak reserves the right to request a 1. agree to indemnify and hold Day event.	additional information before approving a proposition before approving a proposition before approving a proposition of any nature	osed event. By signing this form, you: arising from or related to the proposed
2. understand that you, or any othe	r member of your organization, are not authoriz	zed to act as an agent of Daybreak.
Event representative name	Date	
Signature		
	eak, Attn: Travis Rindler, 605 S. Patterson I Dayton.org. You'll be notified of Daybreak 4600 ext. 805.	
Approved 🗆 Yes 🗅 No	For Daybreak Use	
Daybreak contact name	Signature	Date
Phone	E-mail	