

Fun Factory FUNdraiser Application Form

Name of Organization
(50 minimum)

Number of Token Cards

Date Organized

Number of Members

How did you hear about our fundraising program (ie. TV, Radio, Family, etc.)
\$

Previous Fundraiser Sale

Date Completed

Amount Raised

Contact Person

Name

Email Address

Business Phone

Home Phone

Cell Phone

Employer

Home Address

City

Zip Code

Signature

Date

IMPORTANT NOTE: By signing the above application, you agree that your organization will “not” sell the Fun Factory cards on Fun Factory property or in the same mall or shopping center as Fun Factory. Doing so could void your cards.

For Office Use Only

Date App. Received:

Sales Approved By:

Amount Paid:

Club Number:

* * *

Token Card Pickup Date:

Distribution Date:

Note(s):

Please complete and email to marketing@funfactoryinc.com