



## InMotion Community Fundraising Application Form

Event Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location (Address/Facility/City): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Expected Revenue: \_\_\_\_\_ Expected Number of Attendees: \_\_\_\_\_

Target Audience: \_\_\_\_\_

How will the event be promoted: \_\_\_\_\_

Description: \_\_\_\_\_

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### ACKNOWLEDGMENTS

I acknowledge that InMotion reserves the right to withdraw its name from the event at any time. I acknowledge that I have read and understand the information contained in the InMotion Community Fundraising Guidelines and will adhere to them.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
InMotion Staff Name

\_\_\_\_\_  
InMotion Staff Signature

\_\_\_\_\_  
Date

Return form to [tgrillo@beinmotion.org](mailto:tgrillo@beinmotion.org) least 30 days prior to your event for approval.