



**Bill Bateman's Bistro's
DONATION/SPONSORSHIP/FUNDRAISING
CONTRACT AND GUIDELINES**

Contact Name: _____

Address : _____

City: _____ **ST:** _____ **Zip:** _____

Phone # (C) ____ - ____ - _____

Phone # (H) ____ - ____ - _____

Email _____

NAME OF ORGANIZATION: _____

Brief Description of your goals or mission:

HOW CAN WE HELP?

What type of support are you soliciting? (i.e. donation, ongoing sponsorship/fundraising partnership, onetime event) _____

EVENT INFORMATION AND CONTRACT

EVENT DATE? _____ **APPROVED: YES/NO**

BILL BATEMAN'S LOCATION? _____ **APPROVED: YES/NO**

FLYER APPROVED: YES/NO

DJ: HOUSE/ PROVIDE OWN (W/APPROVAL)/ NONE

SPECIALS OR PROMOTIONAL

ITEMS: _____

COMMENTS:

GENERAL MGR: _____ **AREA MGR:** _____