



Fundraiser Application

Please provide us with information so that your Charitable Group may be considered for a Fundraising Event Night at Blu Berry Frozen Yogurt. All fund raisers will be held Tuesday evenings from 5 PM until 8 PM. All the sections must be completed for our review. If your group is selected, we will contact the person named below via phone call. Please note, this form is not an agreement for either party to participate in a fundraising event.

Name of Non-Profit Group: _____

Tax ID #: _____

Mailing Address: _____

Contact Name and Phone #: _____

Brief Description of your Group's Mission: _____

MANAGEMENT USE ONLY:

Date of Application: _____ Mgr. Initials: _____