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## 2010 Minnesota Renaissance Festival ORGANIZATION FUNDRAISING APPLICATION

### ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_ Organization Federal Tax ID#: \_\_\_\_\_  
(starts with a "41" and is 9 digits long)

Organization Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Active Members: \_\_\_\_\_ Average Age of Organization's Members \_\_\_\_\_

### CONTACT INFORMATION

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### FUNDRAISING INFORMATION

How much money does your group wish to earn? \_\_\_\_\_

How many volunteer will be available per day? \_\_\_\_\_

Booth Choice: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

Coordinators to Supervise and work in booth

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Has your organization worked at the Renaissance Festival Before? \_\_\_\_\_ If so, which booths? # \_\_\_\_\_

Has your organization worked other fundraising events? \_\_\_\_\_

If yes, please list event(s) and person(s) to contact for reference:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_