



149 Main Street  
Sandwich, MA 02563  
Phone: 508-888-3622

**FUNDRAISER RESERVATION FORM**

Today's Date: \_\_\_\_\_

Manager: \_\_\_\_\_

Ext: \_\_\_\_\_

**Please Print CLEARLY**

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

(This allows s to email the flier to you)

Non-Profit #: \_\_\_\_\_

**\_\_\_\_\_**

Date of Fundraiser: \_\_\_\_\_

Time of Fundraiser: From \_\_\_\_\_ to \_\_\_\_\_

**\_\_\_\_\_**

Authorization: \_\_\_\_\_

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

Flier Mailed/Emailed On: \_\_\_\_\_