



## Ice Skating Fundraiser Application

Application is required to be approved and scheduled.

Date Requested: (Sunday at 12:10pm-2:10pm) \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

School / Non-Profit Organization Name: \_\_\_\_\_

EIN #: \_\_\_\_\_

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

Mailing Address/City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Mission / Goal: \_\_\_\_\_

*Opportunity for additional revenue... host a Bake Sale during Public Skate!*

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