



APPLICATION FOR QUIZ NIGHT TRIVIA FUNDS

NAME OF ORGANIZATION _____

Federal ID Number _____

**** PLEASE ATTACH 501 C3 LETTER****

ADDRESS FOR CORRESPONDENCE _____

PHONE NUMBER _____

CONTACT PERSON _____

Brief Explanation of mission _____

Organization fiscal year (example, June 1 to May31) _____

Preferred month of funding (if applicable) _____

Frequency of organization Newsletter (if applicable) _____

Web site address: _____

e-mail address: _____

Signature of authorized person _____ Date _____

Please attach 5-10 facts about your organization which, if your organization is chosen, we can incorporate into the local facts section of our quiz. This helps to create more awareness of your organization's existence and mission. Possible inclusion would be items such as how long the organization has been locally in existence (if you are a branch of a larger organization include how long it has been in existence), mission statement, number of individuals impacted by organization's activities, how organization is generally funded, ie. Grants, dues, donations, fundraisers. If your organization has experienced a significant name change or does a big fundraiser annually these are also good items to include. The point here is to get as much education to the participants at the quiz as possible. What do you want people to know about your organization?

Return completed application to: Brigid's Cross Irish Pub
317-319 Beltrami Ave NW
Bemidji, MN 56601