

Fundraiser Application

(Please PRINT legibly)

Chili

Napoleon's Bakery

Name of Organization _____

Chili- _____ Bakery- _____

No. of tickets to be printed _____

Date Organized _____ No. of Members _____

How did you hear about our fundraising program (i.e. TV, Radio, Family/Friend.etc?) _____

Previous Fundraiser Sale _____ Date Completed _____

Most Recent Fundraiser _____ Date _____ \$ Amount Raised _____

Contract Signers (Two Names Required):
Applicant #1 (please print)

Name _____

Business Phone _____ Home Phone _____ Cell Phone _____

Place of Employment _____

Home Address _____

City _____ Zip Code _____

Applicant#2 (please print)

Name _____

Business Phone _____ Home Phone _____ Cell Phone _____

Place of Employment _____

Home Address _____

City _____ Zip Code _____

We hereby give FCH Enterprises, Inc. the right to verify the above information. Please sign and date below:

Signature- Applicant#1 _____ Date _____

Signature- Applicant #2 _____ Date _____



For Office Use Only

Sales approved by: _____

Date: _____

Down Payment Required: \$ _____

Chili Club No: _____

NB Club No. _____

Expiration Date: _____

Chili Progress Payment

Amount: \$ _____

Due Date: _____

NB Progress Payment

Amount: \$ _____

Due Date: _____

Ticket Reorder

Amount: _____

Ordered By: _____

Down Payment Required: \$ _____

Approved By: _____

Date of Approval: _____

Record of Previous Benefit Sales (if any)

Ordered Amount Sold Expired Payment Rec
