

## EVENT SPONSOR INFORMATION FORM

Name of sponsoring organization/individual: \_\_\_\_\_

Is your organization registered as a 501(c)(3) charitable organization?  yes  no

Requested Store Location for event to be held:

\_\_\_\_\_

Requested Dates and Times: (see guidelines below)

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

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

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

How can we contact you?

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

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

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

\*Available Monday - Thursday only. 4 hour time blocks beginning no earlier than 3pm and ending no later than 10pm

\*\*25% of all proceeds will be donated back to the sponsoring organization/individual

\*\*\*We will provide you with a flyer template upon request. All printing and distribution is your responsibility. Yogurt Creations does not allow distribution of flyers at the event or in the parking lot during the event hours.

\*\*\*\*Yogurt Creations, Inc. has final approval of event.

I, (sponsor contact name), understand and agree to comply with the guidelines set forth by Yogurt Creations, Inc.