

Race City: _____	Contact Person: _____
Date: _____	Title: _____
# of volunteers: _____	Job Requested: _____

Organization: _____ 501c3 Policy #: _____

Address: _____ City: _____ State: _____ Zip: _____

Briefly describe your organization:

Day of the event contact information

First Name: _____ Last Name: _____ Distance to event: _____

Cell Phone: _____ Email: _____ Transportation: _____

Special Needs: _____

Disclaimer: All payments will and can be negotiated and checks will be sent out on a Net 15 basis after the day of the event. Not every applicant will be accepted for the fundraising opportunity. Graffiti Run is not liable for any damages to any fundraising groups on the day of the event. You must be selected to receive any form of payment from The Graffiti Run.