

DAISY TWIST COMPANY
CORPORATE GIVING APPLICATION



Please complete all information. Incomplete applications will not be processed.

ORGANIZATION INFORMATION									
Name					Date				
Street Address					Suite #				
City				State		ZIP			
Phone				E-mail Address					
Contact Person						Title			
Contact Phone						Email			
Is your organization an IRS 501(c)3 not for profit?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please explain			
EIN		Website							
PROJECT INFORMATION									
Project Name									
Project Description (Include needs, problems, opportunities to be addressed. Also provide goals for the event.)									
Project Category					Arts and Culture <input type="checkbox"/> Education <input type="checkbox"/> Community Development <input type="checkbox"/> Research <input type="checkbox"/> Other <input type="checkbox"/> If other, please describe:				
Target population/ geographic community									
Impacts to the community									
Identify other organizations participating in project and their roles									

EVENT INFORMATION

Event Date		Location	
Start Time	AM <input type="checkbox"/> PM <input type="checkbox"/>	End Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
Setup Surface	On grass with stakes <input type="checkbox"/> On grass with sandbags <input type="checkbox"/> On pavement with sandbags <input type="checkbox"/>		
Power Requirements	Provided within 80' <input type="checkbox"/> Generator required from Daisy Twist <input type="checkbox"/> Generator provided by client <input type="checkbox"/>		

REQUESTED EQUIPMENT

Requests for specific equipment may not be accommodated if the equipment is not available on the date of the event.

Equipment Description	QTY

ADDITIONAL REQUESTS

List any additional requests that you would like for Daisy Twist to consider.

DISCLAIMER AND SIGNATURE

I understand that submittal of this application obligates Entertainment Colorado, LLC and Daisy Twist Company in no way to provide equipment for my event. The right of refusal of this application is determined by the officers and staff of Entertainment Colorado, LLC and Daisy Twist Company, and I understand that I will be notified directly if my application is accepted. I also understand that the equipment requested may not be available for the date submitted and in that case may be substituted by Daisy Twist Company if acceptable by my organization.

Signature	Date
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This acknowledgement must be signed for the application to be complete.

SUBMITTAL INFORMATION

Please mail, fax, or email this completed form to:

MAIL: Daisy Twist Company Attn: Community Affairs 200 S. Wilcox St. #121 Castle Rock, CO 80104	FAX: Attn: Community Affairs 888-576-8655	EMAIL: communityaffairs@daisytwist.com
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