



BLUEWAVE

Partnership Application

Fundraising made easy... Let us do the dirty work!

Contact Information

Name of Organization/Group (required)

Administrator's name (required)

Street Address (required)

City, State, Zip (required)

Phone Number (required)

Alternate Phone

E-Mail Address (required)

Organization/Group Information

Organization/event description: _____

Purpose of the event: _____

Number of participating members: _____

Potential Event Dates: _____

Monetary goal for the event: _____

Requesting (circle one):

Raffle item, Door prize, live/silent auction item, sponsorship, or other monetary contribution

Would you be able to provide us with a W-9 and invoice for sponsorships (circle one): Yes No

Item value or monetary value: _____

Expected attendance number: _____

Which BlueWave store is closest to your organization/event: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if accepted, any false statements, omissions, or other misrepresentations made on this application may result in my immediate dismissal of the program.

***Note: We will contact you via email with any questions and status of your application.**

Name (printed):

Date:

Signature:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Your application to our partnership program must be approved by our corporate management team and the details of the program and design of materials must be finalized before the program can be launched. The basis for approval depends on the fundraising cause and the timeline for the program.

Thank you for completing this application form and for your interest in partnering with us!