

2018 EventZone Party in the Park NonProfit Partner Application Form

Nonprofit organization: _____

Address: _____

Contact Name: _____ Email: _____

Phone number: _____ Fax: _____

Is your organization 501(c)(3) taxexempt? Yes ___ No ___

****You MUST attach an IRS verification form stating your organization's 501 (c)(3) tax exempt status to your completed application****

Can your organization provide 10 volunteers? *Failure to provide the requested number of volunteers will result in a reduction of net profits shared, as a lack of volunteers can be disastrous to the event

Yes ___ No ___

Can your volunteers arrive by 4:45pm on event days and stay until close at approximately 9:30pm? Yes ___ No ___

List any Friday dates that your organization would **NOT** be able to participate during

(May 25 September 28): _____

On a separate page (Include your name and organization), answer the following questions:

- 1) What is the mission of your organization?
- 2) Please explain how your organization is committed to bettering and serving the community.
- 3) How will your portion of the proceeds from EventZone's Party in the Park positively affect the community?
- 4) How will your organization help to promote EventZone's Party in the Park?

Please return your completed application and proof of nonprofit 501(c)(3) status **NO LATER THAN 5:00pm**

Email: ezstaff@EventZone.org