



## 2004 Non-Profit Organization Application

Name of Organization:	
Contact Person:	
501c Non-Profit tax No. (if available):	
Day Phone Number:	
Evening Phone Number:	
Mailing Address:	
Email Address:	
Special Needs (if any):	
Table and chair needs:	One card table and 2 folding chairs are available for your use. Please indicate if you need these: Yes <input type="checkbox"/> No <input type="checkbox"/>

### Application Instructions:

If you are interested in participating in Super Saturday's Community Group area, return this completed and signed application coversheet along with the following required information. Incomplete applications may not be reviewed for approval.

Give a **brief** written explanation of your organization's:

1.  Mission statement or purpose
2.  Plans for a table at Super Saturday
3.  Sample or brief description of display materials, graphics, photographs, or items desired to be sold

As an appointed representative of the non-profit community group named on this application, I understand the guidelines described and acknowledge that our participation requires strict adherence. I also understand that if my organization violates any of these guidelines we could be asked to leave the campus.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Your Position in the organization: \_\_\_\_\_