

**AREA/LOCAL FUNDRAISING
EVENT NOTIFICATION FORM**



All Area/local programs planning a fundraising event projected to handle over \$250 must fill out this form and submit to Special Olympics Wyoming 30 days before the event. Special Olympics Wyoming will review the application and return it to the Area/local program within 15 days. The Area Coordinator will also receive a copy of all applications for events in their region.

Date of Request: _____ (Must be 30 days before the event)

Area/Local Program: _____ Contact Person: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Address: _____ City: _____ Zip: _____

Name of Fundraising Event: _____

Date of Event: _____ Location of Event: _____

Briefly describe the event:

The amount you expect to raise before expenses (Income): \$ _____

Anticipated expenses of entire event: \$ _____

Net return expected (Income less Expenses): \$ _____

Return Form To:
Special Olympics Wyoming
239 West 1st Street
Casper, WY 82601
Fax: 307-235-3063

Office Use

Staff Notified _____ AD Notified _____ Add to Calendar _____ Schedule follow up _____
Facebook Posts _____ Press Release needed? _____