



Lunar Mini Golf Fundraiser Proposal Application

Group/Organization Name: _____

Tax Id (if tax exempt): _____ *copy available? Y / N

Contact: _____ Phone number: _____

Title: _____ Alternate Phone: _____

Date of fundraiser: _____

Time of fundraiser: _____

Private Party Requested: Y / N

Fundraising Goal (in dollars): _____

Golfers needed to achieve goal at: _____ each: _____

Number of Expected Golfers: _____

Golf Fee: _____

Percentage to Group of Golf Fee: _____

*Normal Fee is charged per player, percentage is returned to group following the actual completion of golf outing.

Mailing Address: _____

City, State, Zip code: _____

Internal Use only:

Approved by Director of Operations: Y / N

Date of Approval: _____

Amount Raised: _____

Date funds mailed to Group: _____