



## Letter of Interest

### Group Information

NPO group Name \_\_\_\_\_

How Many group members can you provide? \_\_\_\_\_

Is your group willing to serve alcohol? \_\_\_\_\_

What are your expectations? \_\_\_\_\_

What are you raising Funds for? \_\_\_\_\_

Experience \_\_\_\_\_

Insurance \_\_\_\_\_

Comments/Questions/Concerns: \_\_\_\_\_

### Contact Information

Primary Contact Person \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Email \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Mailing Address for Payment

Check Payable To: \_\_\_\_\_

C/O or Attn to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

**ALL NON PROFITS MUST MAINTAIN \$1,000,000 in general liability insurance**