**2014 Downtown After 5 Nonprofit Selection Form – Wristband Sales**

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| **Name of Nonprofit:** |  | | | | |
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| **Sponsoring ADA Board Member:** | | |  | | |
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| **Mailing Address:** |  | | | | |
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| **Primary Contact:** |  | | | | |
| **Phone Number:** |  | | | | |
| **Email Address:** |  | | | | |
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| **501 c (3)?** | **YES** **NO** | | | | |
| **ADA Member:** | **YES** **NO** | | | | |
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| **Charitable purpose or use of proceeds:** | | | |  | |
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| **The group’s connection to Downtown Asheville:** | | | | |  |
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| **Preferred Date (mark 1st and 2nd choice):** | | | | | |
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| **\_\_\_\_\_May 16** \_\_\_\_\_**June 20** \_\_\_\_\_J**uly** **18 \_\_\_\_\_\_August 15** \_\_\_\_\_\_**September 19** | | | | | |
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| **If selected, your group agrees to the following terms:** | | | | | |
| * **You will have at least 26 individuals, over 18, available to work in two shifts (16 – 1st shift, 10 – 2nd shift). These shifts run from 4:45-7:00 and 7:00-9:15.** | | | | | |
| * **Failure to provide the minimum number of volunteers per shift will result in your organization forfeiting 25% of your proceeds and may result in your organization becoming ineligible for future event considerations.** | | | | | |
| * **The individuals volunteering agree to abide by the ADA rules for wristband sales.** | | | | | |
| * **Your group will split the wristband revenues with the ADA (50/50) up to a maximum of $2,000.** | | | | | |
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| **Primary Contact’s Signature:** | |  | | | |
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***The deadline for the application is February 7th.***

***The charities will be selected on February 12.***