



FUND REQUEST FORM

Here at Smoothie King, we have a commitment to our community. In order to properly evaluate your fund request, please return this form by March 1, June 1, Sept 1 and Dec 1. If your request involves an advertisement in a publication, please attach a copy of the publication if available. Please include any other pertinent information that may be useful.

Today's Date: ___/___/___

ORGANIZATION INFORMATION

Name of Organization _____

Contact Person _____

Telephone _____ E-mail _____

Mailing Address _____ City _____ State _____ Zip _____

EVENT INFORMATION

Event/Project to be Sponsored _____

Event Date _____ Event Time _____ Event Location _____

Description of event _____

Project Attendance _____ Funding Raised _____

Community Impact from this Event _____

Sponsorship Requested _____ Do you anticipate this to be an annual sponsorship? Y N

Will sponsorship signage be displayed? Yes No

If yes, where will the signage be displayed? _____

Will Smoothie King be included on any printed materials? Y N

Deadlines: Sponsorship _____

Submission of Artwork/Logo _____

PLEASE RETURN THIS FORM FOR APPROVAL:

BeGood@smoothiekingrc.com

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Ph (615) 625-3982

1970 Medical Ctrr Pkwy, Murfreesboro, TN 37129

Ph (615) 396-8187

2943 S Church St, Murfreesboro, TN 37127

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