Charity Operated Event

Officers and Members Listing

CHARITABLE ORGANIZATION CONTACT INFORMATION						
Name of Charitable Organization:						
Address for Official Correspondence	:Street/PO Box	City/Town	State	Zip		
Primary Phone Number:		Alternate Phone Number	er:			

Please provide the following information for \underline{ALL} officers, \underline{AND} any members and employees who participate in the operation of the event.

POSITION TITLE (Commander, Member, Treasurer, etc.)	FULL NAME	PHONE#	LEGAL ADDRESS	* WORKING THE EVENT?

^{*} Any members noted on this form as "WORKING THE EVENT" <u>MUST</u> submit criminal background documents.