

DYNA, Inc. Special Event Application

****Application must be submitted to DYNA, Inc. at Least 60 days Prior To Event****

Please keep in mind the Mission of DYNA, Inc. As a non- profit organization, our resources are extremely limited. Any assistance you require for your fundraiser must be requested in writing.

NAME OF INDIVIDUAL ORGANIZING THE EVENT:

Title

First

Middle

Last

Date

ADDRESS:

Street

City

State

Zip

PHONE:

(Home) _____

(Office) _____

FAX: _____

(Cell) _____

EMAIL:

NAME OF ORGANIZATION/Business (if applicable)

ADDRESS IF DIFFERENT FROM ABOVE:

Street

City

State

Zip

HAVE YOU EVER ORGANIZED A FUNDRAISER BEFORE? Yes No

If Yes, Please Attach a Description, Additional Information, References, Publications and/or Programs From Past Events.

HOW DID YOU BECOME INTERESTED IN ORGANIZING A FUNDRAISER:

PROPOSED DESCRIPTION OF THE EVENT: (attachment accepted)

TITLE: _____

PROPOSED DATE/TIME: _____

PROPOSED LOCATION: _____

DESCRIPTION: _____

HOW MANY EXPECTED TO BE INVITED/PARTICIPATE: _____

BUDGET: _____

COST TO GUEST/PARTICIPANTS: _____

DO YOU WISH TO USE OUR LOGO: Yes No

PUBLICITY PLANNED: _____

WHAT COMPANY WILL INSURE THE EVENT/PARTICIPANTS/HIRED STAFF:

WILL ALCOHOL BE SERVED: Yes No

NAMES AND ADDRESS OF CORPORATE SPONSORS: _____

TOTAL EXPECTED INCOME: _____

APPLICANT SIGNATURE: _____

DATE: _____