



Kids 'n Kamp - Fundraising Qualification Form

PRIMARY CONTACT

Name: _____

Company/Organization: _____

Phone Number: _____

Email: _____

EVENT INFORMATION

Type of Event: _____

Name of Event: _____

Location: _____

Date(s): _____

Time (start and end time): _____

Set-up Time: _____ Reoccurring: No Yes: _____

Expected Gross Dollars: \$ _____

Expected Net Dollars to KNK: \$ _____

Number of staff/volunteers working: _____

Number of volunteers needed from KNK: _____

Duties to include: _____

SUPPORTS

Committed media (please list all): _____

Other committed vendor(s)/partnerships: _____

List any other additional support you may need from KNK: _____

OTHER FUNDRAISING REQUIREMENTS

1. _____

2. _____

3. _____

Please fax completed form to 614-789-9635 or email to skrause@circone.com