FOR OFFICE PURPOSES ONLY			
CONTROL NUMBER:	DATE SUBMITTED:		

## **Private Organization Fundraiser Request Form**

This request must be submitted to DFMWR 30 days prior to the fundraising event. **If submitted less than 30 days prior, the event may not be approved.** Return form to: NAF Support Management, BLDG 5700 Novosel St, Room 390, Fort Rucker, Alabama 36362

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1. Private Organization	n:	
2. Type of Fundraiser:		
3. Date(s) and Time(s)	of Event:	
4. Location(s):		
Location Manager:		
		Phone
Print	Signature	
Location Manager:		
		Phone
Print	Signature	
5. Donation/Fee Charge	ed:	
6. Will this event require	e any Military or Logistical sup	port? Yes/No
7. The requestor herek fundraising event:	y acknowledges the followin	ng will apply to the requested
a. I understand	d fundraising in the Federal wo C or AER.	rkplace is not authorized,
	d that it is the requesting orgar o have this event at a specified	nization's responsibility to obtain any I location from that location's
	•	f the event is a "donation give- t Required to Receive a Ticket".

d. I understand all participation must be on a time, without any coercion from a superior or subording the event, all personnel will be briefed in regard to so will not be conducted as a military unit, use of any Arm is prohibited, and no official DA endorsement will be sowned. e. If my fundraiser involves the sale of food it handling certificate must be obtained and provided to understand that I can obtain the certificate from prevented at 334-255-7930.	nate. Prior to their participation rafety. I understand the event my uniform in conducting events rought.  tems, I understand that a food your office with this form. I
f. I understand we will not solicit commercial commercial advertising and will not display <i>any</i> type of donations (monetary or in-kind) we receive, since it the sponsorship/advertising. I understand we do not have contractually to provide commercial sponsorship <i>or</i> of Rucker. g. I understand that if my fundraiser is a casi participants will adhere to the regulations outlined in a	of donor recognition for any en becomes commercial e the authority to agree commercial advertising on Fort ino game-style event, all
Point of Contact:	
Phone:	
Email Address:	
Signature of Requestor	Date