



## Hops that Helps Application

Organization Name		Contact Name	
Organization Phone		Contact Phone	
Tax ID Number		Email	
Website			
What does your organization do?		How will the funds raised from your event help the Helena Community?	
What else does your organization do to raise funds?		How will you promote this event?	
How many people do you expect to attend your event?		Other?	
Please describe any other special accommodation you will need from our business and staff.			
Will you be providing outside food? If so, what?		Will you be having a raffle or drawing?	
<p>By completing this application you agree to: 1- promote this event by using your organization's current networking and other forms of advertising. 2- have at least one representative attend the event from 5-8 to answer questions and share information about your cause. (If your organization is not represented we will have to cancel your event and reschedule it.) 3- not bring in outside alcohol (Each person can only have 48 oz) Note that your organization is responsible for any serving plates, silverware, napkins, etc. Sales of food or beverages other than pre arranged outside vendors are not allowed.</p>			

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:      Date of event \_\_\_\_\_      Amount given to Charity \_\_\_\_\_  
 Check Number \_\_\_\_\_