



Fundraiser

Request



Thank you for Choosing  for your Fundraising needs!!! At  we thrive on serving our communities. The following information must be completed in order to process and schedule your event. All requests must be summated at least 2 weeks in advance. Your will be contacted within 3 days and we will arrange for approval of a distribution flyer. Please fill out the following information completely and return it to your local El Paso Mexican Restaurant store manager. If you have any further questions or concerns please feel free to contact your local store manager.

Today's Date _____ Organization Name _____ Contact Name _____

Mailing Address _____ City/State/Zip _____

Phone _____ Alternate Phone _____ Fax Number _____

Store Location _____

Date Event/Time 1st Choice _____ 2nd Choice _____

NOTE: El Paso Mexican Restaurant reserves the right to refuse approval of this proposal. This fund raiser may be terminated and/or canceled by either party at any time up until 24 hours prior to the day of the event. No guarantees or warranties of any kind are made by either party as to the success of the event. It is the responsibility of the Organization Representative to maintain the integrity of the event and ensure regular El Paso Mexican Restaurant customers are not solicited to participate in the fund raiser. Any deviation could result in suspension of this event and future events.

By signing below you acknowledge and will adhere to theses requirements.

Organization Representative

Date

FOR OFFICE USE ONLY	
_____	_____
Date Received	Approved Date of Event
_____	_____
El Paso Representative	Date

Please submit this form in person to the El Paso Mexican Restaurant nearest you.