

FUNDRAISING EVENT

Agency/Department:		
Contact Name:		
Phone:	Email:	
Event:	Date:	Time:
Event Location & Address:		

ITEMS YOU WILL NEED FOR YOUR EVENT

Item	Quantity
Banners	
Donation Bucket	
Posters	
Table Cards (for Tip-a-Cop)	
Merchandise (Submit Merchandise Request Form)	
Dream Ride Collateral	
Press Release on Event	
Other	

Attn: Lauren Young
laureny@soct.org
 x264

Special Olympics Connecticut
 2666 State Street, Suite 1, Hamden, CT 06517
 (203) 230-1201 www.soct.org

Office Use Only:

Date Received by SOCT: _____

By: _____