

# COVELLI CENTRE

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Date: \_\_\_\_\_

Date of event/fundraiser: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Show Requested: \_\_\_\_\_

Pertinent information about organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Date: \_\_\_\_\_

*Due to the large volume of donation requests we receive and limited amount of inventory that we have available, please note that we will review all requests at the beginning of each quarter and attempt to make donations to each request. Requests will be reviewed at the beginning of the below months:*

- *January*
- *April*
- *July*
- *October*

**PLEASE COMPLETE FORM AND SEND VIA EMAIL TO [Kklim@jacmg.com](mailto:Kklim@jacmg.com) FOR CONSIDERATION.**

Thank you!