



# 2018 St. Louis Renaissance Festival

www.stlrenfest.com • (636) 639-5173 • efish323@gmail.com

Weekends September 15—October 14 • 10am—6pm

## Food 4 Funds Application

### 10 DAY—ORGANIZATION INFORMATION

Organization Name								
Organization Address						Apt./Unit #		
City				State			Zip	
Phone				Fax				
Website				Email				
Organization Federal Tax ID #						(Must be 9 digits long, does not contain letters)		
Organization Federal Tax Name						(As shown on your Income Tax Return)		

### PRIMARY CONTACT INFORMATION

Contact Name					Title:			
Contact Address								
City				State			Zip	
Contact Phone				Email				

### NETWORKING QUESTIONS

How did you hear about the STLRF fundraising opportunity?							
Primary reason for participating in the STLRF Fundraiser?							
Why would your organization be successful in the STLRF Fundraiser?							

### FESTIVAL DAY SPECIFICS

How many volunteers will be available per day?				Average age of volunteers?			
Booth Choice:	#1:			#2:			

### *Coordinators to Supervisor and work in booth(s):*

Primary Contact:				Phone:			
Secondary Contact:				Phone:			

POTENTIAL EARNING INFORMATION	
How much does your organization wish to earn?	
What will the earnings be used for?	

PREVIOUS EXPERIENCE				
Has your organization worked at the STLRF before?				
If so, which booth?				
What did you like most about your previous STLRF Fundraising experience?				
Has your organization worked other fundraisers or events?				
If yes, please list event(s):				
What did you like most about previous fundraising event(s)?				
Does your organization have any of the following experience?	<table border="1"> <tr> <td>Cooking</td> <td>Cash Handling</td> <td>Hawking</td> </tr> </table>	Cooking	Cash Handling	Hawking
Cooking	Cash Handling	Hawking		

ORGANIZATION SPECIFICS	
Please provide a brief description of your organization:	
What is your organization's mission?	
What year was your organization established?	
What is the greatest accomplishment of your organization?	
What awards or honors has your organization received?	

Please indicate how communication between organization and STLRF should be directed:	
<input type="checkbox"/> PLEASE CONTACT AND SEND DIRECT CORRESPONDENCE TO OUR ORGANIZATION	<input type="checkbox"/> PLEASE CONTACT AND SEND DIRECT CORRESPONDENCE TO OUR CONTACT PERSON

Signature		Date:	
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To expedite the review of your Fundraising Application, please email your completed form to:  
 Amanda Kuchar, Director of Food & Beverage: [amandahuberphc07@yahoo.com](mailto:amandahuberphc07@yahoo.com)

You may also mail the application to the following address:  
**STL Renaissance Festival**  
**ATTN: Fundraising Groups**  
**207 S. Linn Ave.**  
**Wentzville, MO 63385**