

## Fundraising Team Booth Application & Checklist

L Applications must be received no later two week prior to the event. TBD

eam Name: Team Leader:				
Address:	City:	State:	Zip:	Phone
Email:				
items displayed or shared at event:				
				<del></del>
Name of booth attendee(s):				
Check items needed below:				
Yes, I need a table at the event.				
Yes, I need chair(s) at my table.				
1 chair				
2 chairs	(not guaranteed) A	ND 1211 business service		ام مام
I would like a table near an outlet extension cords.	(not guaranteeu) A	וואס וונטוווון וווא נ	owii powei st	rip and
Yes, we are serving/selling food a	nd/or drink items.			
Food Permit Application cor		sing Team Leader	•	
Food Permit Application is	•			
I have reviewed, understan	~	_		
Food items have been appr	oved by AICAF & fo	llow the Healthy	Food guidelir	nes.
By signing below, I agree to follow the Cancer Foundation and will abide by A	-	es set forth by th	e American Ir	ndian
Signature:	Date:			

Please return application to:

American Indian Cancer Foundation C/O Operations Manager Email: <a href="mailto:powwow@aicaf.org">powwow@aicaf.org</a>