

**FRIENDLY'S ICE CREAM, LLC**  
**FAMILY FUN NIGHT APPLICATION AND CHECK REQUEST FORM**

THE **TOP HALF** OF THIS FORM MUST BE COMPLETED BY THE ORGANIZATION. PRINT ALL INFORMATION CLEARLY. **COMPLETE ONE FORM FOR EACH EVENT**. BRING THIS COMPLETED FORM AND **W-9 FORM** TO THE FRIENDLY'S RESTAURANT WHERE THE EVENT WILL BE HELD.

Restaurant Location \_\_\_\_\_

Organization Name \_\_\_\_\_ Email Address \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Organization City, State & Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Event Description: \_\_\_\_\_

Organization's 9 digit Tax ID Number:

We have agreed to hold our Friendly's FUNraiser event on:

Day & Date \_\_\_\_\_ During the hours of \_\_\_\_\_

Upon approval for your event, Friendly's will supply a master voucher. Your organization is responsible for the printing and distribution of the voucher at your expense. In order to be successful, we recommend distributing at least 200 vouchers two to three weeks in advance of your event. Vouchers must NOT be distributed at the restaurant during your event. Friendly's agrees to donate 20% of the total net sales from purchases made by supporters of your organization when they present the FUNraising voucher during your designated event. No coupons, discounts or other offers are valid during your FUNraising event.

\_\_\_\_\_  
Signature: Organization Representative

\_\_\_\_\_  
Signature: Restaurant General Manager

\_\_\_\_\_  
Print Organization Name                      Date

\_\_\_\_\_  
Print General Manager Name                      Date

THE **BOTTOM HALF** OF THIS FORM SHOULD BE COMPLETED BY THE REGIONAL VICE PRESIDENT. SUBMIT THIS APPLICATION / CHECK REQUEST FORM, ALONG WITH THE ORGANIZATION'S W-9 FORM TO THE ACCOUNTS PAYABLE DEPARTMENT IMMEDIATELY AFTER THE COMPLETION OF THE EVENT TO ENSURE TIMELY PAYMENT TO THE ORGANIZATION.

**CHECK REQUEST INFORMATION**

Please issue check to: Name of Organization: \_\_\_\_\_

Total Check Amount: \$ \_\_\_\_\_ Charge Cost Center (Rest #) & Account: \_\_\_\_\_ / 53240

Requested By: \_\_\_\_\_  
Director of Operations Signature

Approved By: \_\_\_\_\_  
Regional Vice President Signature