

**RED FLANNEL FESTIVAL
COMMUNITY SHARE PROGRAM**
FESTIVAL DATES SEPT. 27 & 28; OCT. 3 & 4

Group Name _____

Contact Person _____ Title _____

Email Address _____

Address, City, State & Zip _____

Telephone (Day) _____ (Eve) _____ (Cell) _____

NON-PROFIT ORGANIZATION INFORMATION

What is your purpose/mission? _____

Fiscal Year _____ Annual Budget _____ Tax Exempt ID# _____

Number of full time/part time staff _____ Total number of volunteers _____

*Projected number of volunteers – please be as accurate as possible. Group placements
will be determined by numbers given below.*

12-18 years of age _____ Over 18 years of age _____

PLEASE COMPLETE PAGE 2 OF APPLICATION

RED FLANNEL FESTIVAL COMMUNITY SHARE PROGRAM

*Please indicate the activities your non-profit is interested in!
These are requests only, final events will be assigned by Festival*

Queen Pageant	Sept. 27	5-9 pm
Teen Dance	Sept. 27	5-11 pm
Chili Cook off	Sept. 27	9 am - 1 pm
Grand Parade	Oct. 4	11 am -3 pm

Describe the type of work your organization would be interested in doing:

Describe the type of work your organization would NOT be interested in doing:

Please list the dates and times your organization would NOT be able to work:

APPLICATIONS MUST BE RECEIVED BY AUGUST 30, 2008

Complete and return, along with copy of non-profit IRS letter to:

COMMUNITY SHARE PROGRAM
Red Flannel Festival
PO Box 43
Cedar Springs, Michigan 49319
Email to president@redflannelfestival.org