



Beard Papa Fundraiser Application

Please Type or Print Legibly

Name of Organization

Organization Name To Be Printed On Tickets

Minimum 250
No. Of Tickets To Be Printed

Fundraiser History:

Previous Fundraiser Sale

Company Contact Name/Phone Number/Amount Raised/Date

Previous Fundraiser Sale

Company Contact Name/Phone Number/Amount Raised/Date

Contact Information:

Name of Organization Representative

Representative Title

_____ Business Phone	_____ Home Phone	_____ Cell Phone	_____ Email Address
-------------------------	---------------------	---------------------	------------------------

_____ Place of Employment	_____ Business Address, City, Zip code
------------------------------	---

_____ Home Address	_____ City	_____ Zip Code
-----------------------	---------------	-------------------

I, _____ hereby give Pacific Sweets, LLC dba Beard Papa Hawaii the right to verify the above provided information.

_____ Signature	_____ Date
--------------------	---------------

FOR OFFICE USE ONLY

Received by: _____	Date _____	Date _____	Approved/Denied (Circle One)
--------------------	------------	------------	---------------------------------

Date(s) Organization Contacted: _____

Payment Information:

Ticket Reorder:

_____ 25% Required Down Payment	_____ Date Received
------------------------------------	------------------------

_____ No. of Tickets Ordered	_____ Reordered Tickets Expire
---------------------------------	-----------------------------------

_____ Tickets Received By (Print)	_____ Date Received
--------------------------------------	------------------------

_____ 25% Down Payment Required	_____ Date Received
------------------------------------	------------------------

_____ Date Tickets Will Expire	_____ Date Received
-----------------------------------	------------------------

_____ Tickets Received By	_____ Date Received
------------------------------	------------------------

_____ Final Balance Amount Due	_____ Due Date
-----------------------------------	-------------------

_____ Final Balance Amount Due	_____ Due Date
-----------------------------------	-------------------

_____ Final Balance Received By	_____ Date Received
------------------------------------	------------------------

_____ Final Balance Received By	_____ Date Received
------------------------------------	------------------------

Check # _____	Date _____	Cash _____
---------------	------------	------------

Check # _____	Date _____	Cash _____
---------------	------------	------------