

GIVE BACK EVENT

Application

In order to be considered for a Chili's® Give Back Event your organization must complete, print and submit this application to the general manager of the Chili's® location in which you are requesting an event. All information fields are required to process your request. You will be contacted by a Chili's® representative regarding the status of your application.

Organization Name: (As written on Tax Records)

Contact Name:

Organization Name: (To be shown on Give Back Event Vouchers)

Contact Email:

Organization Address: (Must match Tax ID#)

Contact Phone:

Organization Tax ID Number:

Description of Organization:

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Date Requested for a Give Back Night:

1st Choice: _____

2nd Choice: _____

Requested Location

Give Back Event Fundraising Goal

Contact Signature

I have read and understand the Give Back Event Organization Guidelines.

Chili's® Use Only

Approved Date: _____

GM Approval Signature: _____

