Donation and Charity Form

LEASE INFORMATION:

Today's Date: _____ **Lease #:** _____

Lease Name: _____ **Lessee Name:** _____

County: _____ **Phone #:** _____

EVENT INFORMATION:

Date of Event: _____ **Time of Event:** _____ **AM** **PM**

Contact Person for the Event: _____ **Contact Phone #:** _____

Estimated # of Attendees: _____

Signed Release Forms Required for this Event: _____ **YES** _____ **NO**

Insurance Supplied for the Event: _____ **YES** _____ **NO**

INSURANCE INFORMATION:

Insurance Company: _____ **Insurance Contact:** _____

Insurance Phone #: _____ **Insurance Policy #:** _____

Effective Begin Date: _____ **Effective End Date:** _____

Insurance Policy Received: _____ **YES** _____ **NO**

Date Received: _____

CHARITY NAME OR DONATION NAME: _____

EXPLANATION OF EVENT:

_____

_____

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_____

FOR OFFICE USE ONLY

TTG Authorized Representative:

Date: _____

Signature: _____ Printed Name: _____