

Tab Bracelet Project Agreement Form



HELPING THE HELPLESS

Individual Project Information

Name _____	Age _____	Grade/Year _____
Shipping Address _____		
City _____	State _____	Zip _____ Phone Number _____

The above should be filled out when an individual would like to take on a Tab Bracelet Project individually and not as a group. The address provided above will be where all supplies are shipped to.

Group Project Information

Coordinator Name _____	Title _____
Group Category: <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> College <input type="checkbox"/> Business <input type="checkbox"/> Other	Group Name _____
Group Website _____	Group E-mail _____
Group Shipping Address _____	
City _____	State _____ Zip _____ Phone Number _____

The above should be filled out when any group would like to participate in a Tab Bracelet Project. The coordinator will be the primary contact and the individual responsible for receiving and returning supplies/money. The address provided above will be where all supplies are shipped to.

Partnership Information

<input type="checkbox"/> I want to MAKE Tab Bracelets	<input type="checkbox"/> I want to SELL Tab Bracelets	(Check both when applicable)
Expected Date of Project _____	Expected Venue _____	
Expected Attendance _____	Goal \$ _____	
# of Bracelets requesting to make _____	Colors Requesting* (if any)	

*Black, Purple, Red, Green, White, Hot Pink, Light Blue, Orange, Silver, Gold

Are you requesting the use of the Crisis Aid name and/or logo? _____	Are you requesting permission to add a link from your website to ours? _____
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Crisis Aid Standards

All project and event fundraisers must be submitted to and approved by Crisis Aid.
Any Crisis Aid name or logo usage must be pre-approved by Crisis Aid.
Drafts of flyers, invitations, banners, t-shirts, etc. with Crisis Aid's name and/or logo must be pre-approved.
All projects must state Crisis Aid is the "beneficiary", not the "sponsor".
Crisis Aid adheres to a high moral conduct and requests all fundraising coordinators and teams to exhibit the same high morals.
All projects must meet all ordinances and laws set forth by the city, state, and federal government.
Crisis Aid does not assume responsibility for accidents or losses during the event or project.

Project Coordinator (maintains sole responsibility for project)

Date

Mail or Fax Application: Crisis Aid International P.O. Box 510167 St.Louis, MO 63151

Fax: 1-314-487-1409

info@crisisaid.org