



2020 Downtown Sundown Concert Series Charity Application Form – Wristband Sales

Note to Applicants: As WDI will be unable to accommodate all organizations that apply, we will make selections based on a public vote and formal review process. **Deadline to apply: February 21, 2020.** Please mail your completed application to WDI at PO Box 2235 Wilmington, NC 28402 or submit the application via email to office@wilmingtondowntown.com. Those selected will be notified no later than April 3, 2020. Questions? Contact Haven Holsinger at office@wilmingtondowntown.com or at (910) 763.7349.

Name of Organization: _____

Mailing Address: _____

Primary Contact: _____

Phone Number: _____

Email Address: _____

Is your organization a 501(c)(3)? **Yes** **No**

How is your organization funded? _____

What is your organization’s budget? _____

Please provide a description of what the funds raised will be used for. Be specific as possible and attach additional sheets if necessary:

If selected, your organization agrees to the following terms:

- You will provide eight volunteers, whom you trust handling money for your organization, from 6:00 pm-10:00 pm for the chosen date. Eight volunteers are needed for the full amount of time; two “shifts” of four volunteers is not acceptable.
- Failure to provide eight volunteers during the time listed will result in the organization forfeiting 12.5% of its proceeds, per each missing volunteer.
- Your organization will split the wristband revenues with WDI up to a maximum of \$1,000.
- Your organization will be contacted the week following the concert, after all wristbands are accounted for and money totaled. Arrangements for a check presentation at the WDI office will be made at this time.
- An organization’s eligibility to participate in the Charity Wristband Program is at the discretion of WDI and the Play Committee. An organization may be ineligible due to number of consecutive years they have participated in the program, performance at previous concerts or lack of non-profit status.

Primary Contact’s Signature: _____