

**Special
Olympics**
Rhode Island



Fundraising Application

Name: _____

Team: _____

Email address: _____

Phone: _____

Description of fundraising event: _____

Businesses/companies you plan to solicit:

(Please provide us with a complete list of all businesses you solicit)

Location of event: _____

Date of event: _____

- *If you are planning to hold a raffle please make sure to apply for a raffle permit with the State Police.*

Please return this form to Tracy Garabedian, Director of Development

At least 4-6 weeks prior to your event. Fax: 349-4936 or email tracy@specialolympicsri.org or mail to SORI office, 370 George Washington Highway, Smithfield, RI 02917.

Any questions or concerns please call Tracy at 349-4900 ext. 321

Thank you!