



DONATION REQUEST FORM

NAME OF ORGANIZATION: _____

CONTACT PERSON NAME: _____

CONTACT PHONE NUMBER: _____

CONTACT EMAIL: _____

BRIEF DESCRIPTION OF EVENT:

DATE OF EVENT: _____

DONATION NEEDED BY: _____

-----FOR CONTINENTAL SKI AND BIKE USE-----

REQUEST FORM RECEIVED BY: _____ FORM RECEIVED ON: _____

REQUEST APPROVED? YES NO