

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: School Church College Business 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

I want to **MAKE** Tab Bracelets 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? _____

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