



# Baker City Downtown's Wine Walk Participant Application

## Organization Information

Name of Organization:	
Address:	
City, State, Zip:	

## Requesting Individual's Information

Name:	
Title in Organization:	
Email:	
Phone:	

**About Your Organization:** What is the purpose of your organization? \_\_\_\_\_

\_\_\_\_\_

Is this a for-profit or nonprofit organization? \_\_\_ for-profit \_\_\_ nonprofit **Tax Id #:** \_\_\_\_\_

Has the organization received a donation from us in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this organization a member of Baker City Downtown? \_\_\_ Yes \_\_\_ No

**Donation Information:** How will the donation be utilized? \_\_\_\_\_

\_\_\_\_\_

How will your organization promote this event? (please check all that apply)

- Facebook
  Radio
  Website  
 Newsletter
  Newspaper
  Other: \_\_\_\_\_

Please list at least two volunteers that will be available the night of the event:

Name	Contact Info. (Email/Phone)

For advertising purposes, please email your logo to bakercitydowntown@gmail.com