TINKER AIR SHOW 1 & 2 JULY MASTER CONCESSIONAIRE

PRIVATE ORGANIZATION VOLUNTEER APPLICATION

Email completed form to: puffs.stuff@att.net Attn: Stephanie

cc cathy.clarkfleck@us.af.mil

Private Organization N	Name:	
Make Check Payable to	0:	Mailing Address:
Point of Contact:		
Cell Number:		
Email:		
Tax Exempt Federal II (Required for payments)	D# or Tax ID Number:	
Names of Individuals v	working:	
		th the Private Organization and San Francisco Puff-n- vate organizations are required to submit fund raising
TYPE OF BOOTH(S)	REQUESTING TO WORK	AT:
FOOD	SOFT DRINK/WATER	FROZEN TREATS
SOUVENIERS	ALCOHOLIC BEVERAG	GES (MUST BE 21/ADDITIONAL TRAINING)
PRIVATE ORG PRES	SIDENT SIGNATURE:	
	OFFICE USE ON	ILY
BOOTH# MANNING REQUIRE TYPE:	EMENTS:	