

Sky Zone Donation Request Form

In order to process your request in a timely manner, we ask that you submit this form to us 4 to 6 weeks prior to your event/need. Requests are reviewed periodically and we will contact the approved applicants.

Date: 501(c)(3) Federal E.I.N:

Organization Name:

Address (Street, City, State, Zip):

Organization Type: Year Established:

Contact Name: Contact Phone:

Event Name Event Date:

Event Location:

Anticipated # of Guests: Event Sponsors/Underwriters:

How will this donation be used/presented at your event (direct donation, silent auction, raffle, contest, etc.)?

Please describe how your event/need supports our community?

Supporting our community is an essential part of our company's Mission. However, due to the overwhelming number of requests we receive, all requests cannot be approved. We very much appreciate your cause and wish you the very best.

Very Sincerely,

The Sky Zone Fargo Management Team

