

ZWD Partnership Agreement

Please complete all of the fields below and then hit the "SUBMIT" button at the bottom of the page.

Organization:

Name of Organization: _____
Address: _____ City: _____
Zip code: _____ Phone: _____
Website: _____ Facebook Page: _____

Primary Contact Person:

Name: _____ Email: _____
Role in Organization: _____ Phone: _____

Secondary Contact Person:

Name: _____ Email: _____
Role in Organization: _____ Phone: _____

Please check the applicable boxes below to indicate your partnership intentions.

Joint Marketing Efforts Prior to ZWD:

- My organization will advertise Tewksbury's ZWD event on our website, in our newsletter and in mass distribution emails, if relevant.
- (FACEBOOK USERS ONLY) My organization will LIKE the [Zero Waste Day, Tewksbury](#) page and RSVP to the [6th Annual Zero Waste Day](#) event.
- (FACEBOOK USERS ONLY) My organization will post a sentence or two about our participation in ZWD on our Facebook page during the month of September with a link to the ZWD website (www.zwdtewksbury.org).
- My organization wishes to submit an item(s) to be included in 500 reusable ZWD tote bags which will be distributed at the event. I will ensure that 500 of the item(s) are delivered to Beth McFadyen (41 Captain Circle, Tewksbury) or Tewksbury Congregational Church (10 East Street) no later than Monday, September 8th. Please indicate the type of item(s) you wish to include in the bags (brochure, magnet, pen, etc...):

On Zero Waste Day: Saturday, September 27th:

- My organization promises to be on-site for the entire 9am-1pm event and will arrive no later than 8:15am for vehicle set-up.

- My organization understands that arrival later than 8:15am and departure prior to 1pm may result in exclusion from future ZWD events.
- My organization promises to provide a donation vehicle of suitable size to accommodate all offered donations. (Please make arrangements for a back-up vehicle, if necessary.) Please confirm the type of vehicle(s) you expect to use on ZWD (tractor trailer, box truck):

- My organization has assigned the following individual(s) to staff our donation collection vehicles, and I have provided their names and cell phone numbers below:
Rep 1 Name: _____ Cell Phone: _____
Rep 2 Name: _____ Cell Phone: _____
Rep 3 Name: _____ Cell Phone: _____
- My organization requests volunteers to assist our representatives. The volunteers ideally would have the following skills or abilities (lifting capacity, mechanical ability, specific knowledge, etc....

- My organization agrees that, in the rare case of a conflict with a dis-satisfied donor, our representatives will immediately include ZWD coordinators Beth McFadyen or Loretta Ryan in the resolution discussion.
- My organization understands that beverages, snacks, and pizza will be provided to your representatives, courtesy of local businesses and the organizers.
- My organization authorizes the use of our name and any photos that are taken to be used in future promotional materials.
- In the event of an emergency with one of our representatives, please contact the following person: Emergency Contact: _____ Cell Phone: _____

The information provided above is accurate and I will contact Beth McFadyen (bmcfadyen@zwdtewksbury.org or 508-423-1096) or resubmit this form prior to the event date if changes are made.

Name: _____
 Email: _____
 Role in Organization: _____

8/31/2014 4:46PM

A copy of this Partnership Agreement will be emailed to the address that you have provided above, for your reference. On behalf of the Tewksbury Recycling Committee and Tewksbury Congregational Church, we thank you for your partnership in this community giving event.

Warmly,

Beth McFadyen & Loretta Ryan