

# 2016 ATLANTA

## FUNDRAISING APPLICATION

YES! I want to join the Wellness Movement

**“Beauty-n-Motion” Walk for Women & Girls**

**Saturday, November 5th, 2016**

**HISTORIC FOURTH WARD PARK**



YES! I want to join the Wellness Movement on **Saturday, November 5th, 2016**

**Sign our Organization up as an Official Walk Fundraising Partner** for the Black BeautyShop Health Foundation **“Beauty-n-Motion”** Walk for Women & Girls

Our Team Name will be: \_\_\_\_\_

Non-Profit Organization Name: \_\_\_\_\_

Non-Profit 501C3# \_\_\_\_\_

We certify that our organization is a 501C3 organization in good standing and qualify to participate to raise funds. Please attached your IRS Determination letter to this application.

### CONTACT INFORMATION

Executive/Program Director: \_\_\_\_\_

Group Representative Name \_\_\_\_\_

Position: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What type of Community Outreach does your organization provide for the community? \_\_\_\_\_

Authorized by: (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Black BeautyShop Representative : \_\_\_\_\_

Please email form for Approval to : **BLACKBEAUTYSHOP@GMAIL.COM** or

Mail to : Black BeautyShop, Inc. -.840 Buckingham Cove –Suite 200, Atlanta, GA 30213

For more information contact Stevie Flowers at 404.403.5092 or our National Office at 310.674.6700

