

Please fax both pages of completed form to: 440.946.7083



*WE ADD UP® FUNDRAISING PROGRAM REGISTRATION FORM

PLEASE WRITE CLEARLY IN BLACK PEN! THANK YOU.

SPONSORING ORGANIZATION: _____

ORGANIZATION'S ADDRESS: _____

ORGANIZATION'S PHONE #: _____ FAX #: _____

PARTICIPATING GROUP: _____

OF EXPECTED SELLERS: _____

FUNDRAISING LEADER'S NAME: _____

FUNDRAISING LEADER'S RELATION TO ORGANIZATION/GROUP (please note, a student may manage the fundraiser, but an adult must sign this form and be ultimately responsible).__

FUNDRAISING LEADER'S E-MAIL ADDRESS: _____

FUNDRAISING LEADER'S MAILING ADDRESS: _____

FUNDRAISING LEADER'S PHONE #: DAY() ____ - ____ NIGHT () ____ - ____

DATE BEGINNING FUNDRAISER: _____

DATE ENDING FUNDRAISER: _____

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WAIVER

Please note: This waiver must be signed and returned to WE ADD UP®. Once WE ADD UP® receives the completed Registration Form and this Signed Waiver, your group is officially registered to participate in this fundraiser.

Please review the following and complete the portion below.

As Fundraising Leader, I understand and agree that I am responsible for managing my group's WE ADD UP® fundraising program, its participants, and our responsibilities to our customers. I have received the WE ADD UP® Leader Kit and agree to abide by its policies and procedures. I will also ensure that my group and its participants understand the payments, returns, and order fulfillment policies outlined in the Leader Kit.

I acknowledge that WE ADD UP® is responsible for filling only orders that are paid in full and properly documented. I agree as Fundraising Leader to properly complete the Group Master Order Form and to provide the completed form with payment.

I understand that WE ADD UP® is not responsible for any orders that I do not include in the final order and that WE ADD UP® is not responsible for any money collected by me as Fundraising Leader or by the group's members that is not properly documented.

I commit to selling at least 50 WE ADD UP® t-shirts. I understand that if my group does not reach this minimum sales goal, our order will not be processed.

I, _____ (First and Last name), have read and agree to adhere to these responsibilities as the Fundraising Leader for _____ (Group) at _____ (Organization).

Date: _____

Fundraising Leaders' Signature: _____