



DERBY RECREATION COMMISSION DONATION REQUEST

ORGANIZATION: _____ EVENT NAME: _____

RESPONSIBLE PARTY:

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (HOME) _____ (CELL) _____

E-MAIL _____

Number of Daily Passes Requested _____ Membership Requested: Youth Adult Family

Description of event or attach your request letter: _____

What type of donation was received in the pass? _____

Request will be evaluated on a first come, first serve basis and must fall within the following categories;

1. **Charitable Events/Organizations**-To qualify there must be a direct benefit to the charity or persons served by the charity or charitable event.
2. **Business**-Licensed within the state of Kansas and must b family friendly. The business must be utilizing the daily passes to promote a charitable activity, charitable organization, fundraiser or some other similar event/organization.
3. **Education**-Request from accredited public and private education facilities.
4. **Military**-All branches of the USA Military.

Applicants will be notified of the status of their request within 10 business days.

Staff _____ Date Mailed _____ Superintendent _____ Approved Denied

H:Forms/Public Request Forms/DRC Donation Request