

Barbeque Usage

AGREEMENT AND APPLICATION FORM



Central Plains

When completing this form, please ensure that **all requested information has been provided**. Due to the volume of requests we receive, please allow up to **2 weeks** for us to respond.

Organization Name: _____

Category of Organization: Health & Wellness Sports and Recreation Arts & Culture
 Youth Education Community Non-Profit Other

If other, please specify _____

Organization's Mailing Address: _____

Town: _____ Postal Code: _____

Is your organization a member of Central Plains Co-op? If so, member number is: _____

Mission/purpose of organization:

Contact Person: _____ Position/Title: _____

Contact Person's Daytime Phone: _____ Contact Person's Email: _____

BBQ Event Name: _____

Event Date: _____ Event Start & End Time: _____

Purpose of BBQ Event: _____

Our organization would like to apply for donation support: Yes No

*Groups or organizations holding BBQs on Central Plains Co-op property, i.e. parking lot, will be given a \$150 gift card with which, to purchase product from Central Plains Co-op for their BBQ event. The event will be planned in such a way as to not impede traffic flow.

**In the event that an organization has two or more BBQs throughout the calendar year, Central Plains Co-op will only offer the donation of a \$150 Gift Card once.

I have read and understood the BBQ Usage Agreement.

Signature: _____ Date: _____

Thank you for your application. Applications will be directed to our Member Relations team.