



# Smith Rock Race Group, LLC Charity Program

## OFFICIAL CHARITY APPLICATION

Please submit via mail and/or email to the event office as indicated below.  
Charity applications will be reviewed in the order received.

**Today's Date:**

**Event Contact Information:**

Brian Douglass, President & CEO

Rosemary Douglass, Office Administrator, Volunteer & Charity Coordinator

Phone: (541) 388-1860

Fax: (541) 385-7732

Email: [info@smithrockrace.com](mailto:info@smithrockrace.com) or [rosemary@smithrockrace.com](mailto:rosemary@smithrockrace.com)

Mailing Address: Smith Rock Race Group, LLC, 1686 NE Tucson Way, Bend, OR 97701-6235

**Event Information:**

This application is for participation in (select all that apply):

- Smith Rock Sunrise Summer Classic Half Marathon, July 10, 2010**
- Cascades Lakes Relay, July 30-31, 2010**
- Bend's First 1000 Lights Community Walk & Family Festival, December 31, 2010**
- Three Sisters Marathon, June 4, 2011**

**Charity Information:**

**Charity Name:**

**Address:**

**Contact Person/Title:**

**Phone Number:**

**Email:**

**Charity Details:**

- **Does your Charity have a constituent running program? Yes No (circle one)**
- **How many registered participants do you anticipate? \_\_\_\_\_**
- **What is your total Donation/fundraising Goal for this event? \$\_\_\_\_\_**
- **What is the minimum fundraising goal placed on each participant? \$\_\_\_\_\_**
- **What benefits does your charity provide to each fundraising participant? (check all that apply)**
  - Parties, receptions**
  - Team Singlets**
  - Travel Expenses**
  - Fundraising Pages**
  - Event entry fee paid**
  - Other (please list)\_\_\_\_\_**
- **How many volunteers can your charity pledge? \_\_\_\_\_**
- **Do you want a fundraising and/or donation option for volunteers? Yes No (circle one)**
- **Do your volunteer teams plan to participate in the Direct Giving Volunteer Team program offered by Smith Rock Race Group? Yes No (circle one)**

**Please include/indicate the following:**

- Attached is the \$100 application process fee. (Waived for returning charities)**
- Attached is a short description of charity, to include a Mission Statement.**
- Attached is the organization 501(c) 3 document. (Waived for returning charities)**
- The Charity Program Description provided with this application, including the minimum donation requirements of an official charity has been read and is understood in full by the applicant. (Please initial) \_\_\_\_\_**
- The charity requests to be considered as an official multi-year charity.**
- The charity requests to be considered as an official single year charity.**

**Charity Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_