



Suffolk Festivals, Inc.
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Application/Qualifications Questionnaire

Bingo – 2012 Suffolk Peanut Fest

1. Complete name and Mailing Address

2. Name and phone number (s) for the following officers. Designate primary contact*

President:

Vice President:

Secretary:

Treasurer:

3. Classify your organization:

_____ Social _____ Charitable _____ Non-profit

4. What is the purpose of your organization?

5. How does your organization receive funds?

Membership Dues _____

Fund Raisers _____

Donations _____ Please identify donors below:

6. Does your organization provide service to the Suffolk Community? If yes, please explain.

7. Has your organization ever handled bingo before?

8. Proposed staffing for bingo would include approximately how many members?

9. What insurance does your organization currently have?

Insurance Carrier: _____

General Liability Coverage Limits:

Bodily Injury: _____

Property Damage: _____

I certify that the information provided herein is true and correct and understand that falsification or misrepresentation of the requested information will be reason for the application to be rejected.

Further, I have read and understand the requirements needed for Bingo.

Name (Print or Type): _____

Organization and Title: _____

Signature and Date: _____