

## **Benefit Night Request Form**

Today's Date:	Burger King Location:	
Name of Organization:		Phone:
Address:		
City:	State:	Zip:
Contact Name:	Email Address: _	
Total Number of Students at the So	chool:	
Date Reques	ted for Benefit Night:	
(Ple	ease allow at least 2 weeks advanced	d notice)
Restaurants will donate 10% of the at least 2 adult volunteers and/or benefit night in order for the mone	net sales from 4:30 PM - 7:30 Pl organization representatives etary donation to be made. Sh ontact info below). By signing l above.	30 PM - 7:30 PM. Burger King/Drury Monyour designated night. We require be present for the full duration of the ould the need to cancel arise, please below, you agree to the responsibility
	Benefit Nights can be schedul Monday - Thursday from 4:30 PM - 7:30 PM	ed
Please email the completed reque jpobst@midamcorp.com	st form to Jen Pobst at:	
(For Internal Use)	<b> </b>	
Store #:		
Approved by:	Date	e: