



CHARITABLE ORGANIZATION INVOLVEMENT APPLICATION

RETURN TO: seattletraindayevent@usa.com

Business Name _____	Date Received (office use only) _____
Washington State UBI (Unified Business Identifier-REQUIRED) _____ - _____ - _____	
City of Seattle Bus. License number (Seattle Business Only) _____	
Booth Name (Event Program) _____	
Contact Person _____	
Business address _____ Mailing address _____	
City _____ State _____ Zip _____ City _____ State _____ Zip _____	
Phone: Day (____) _____ Evening (____) _____ Cell (____) _____	
Fax (____) _____ Email (required) _____	
Business Name (on insurance policy) _____	
Insurance Company & Policy Number _____ Renewal Date _____	
Insurance phone and Contact person _____	

CHARITABLE HISTORY

EVENT:	Job Title:
Address:	Duties:
City: _____ State: _____ Zip: _____	
Phone: _____	Salary _____
Date From: _____	Date To: _____
EVENT:	Job Title:
Address:	Duties:
City: _____ State: _____ Zip: _____	
Phone: _____	Salary _____
Date From: _____	Date To: _____

I or my charity organization would like to participate in Seattle Train Day Celebration By offering the following:

I or my charity organization would like to Donate to Seattle Train Day Celebration By offering the following:

____ I would like to make a Charity Pledge to support this event \$ _____ Pledge
 ____ I would like to make a Donation Pledge to support this event \$ _____ Pledge

Email: _____

Signature

Date