



DONATION APPLICATION

CONTACT US

(817) 421 3888 | staff@summitrockgym.com

Today's Date: _____

Name of Organization: _____

Non-Profit Tax ID#: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Position: _____

Contact Phone: _____

Contact Fax: _____

Contact Email: _____

Preferred Method of Contact: _____

Mail to Address: _____

City, State, Zip: _____

Date of Event: _____

Describe Event: _____

Agreement terms: Please note that this agreement must be approved at least three (3) weeks before your scheduled event. Approval of this agreement is at the sole discretion of Summit Climbing Gym.

The terms above are agreed to and accepted by:

Organization: _____

Representative: _____

Date: _____