

Registration Application



Name of Organization: _____

(Your existing organization name)

OR

(You may adopt a "Friends" identity)

Friends of Catch-A-Dream _____

(Your town or community name)

Name of Primary Contact: _____

Mailing address: Street or PO Box _____

City _____ State _____ Zip _____

Shipping address: Street _____

(if different) City _____ State _____ Zip _____

Primary Contact E-mail: _____

Phone: _____ Cell Phone: _____

Secondary Contact Name: _____

Secondary Contact E-mail: _____

Phone: _____ Cell Phone: _____

The undersigned agrees that he/she, along with his/her collaborators, partners, organization members, successors, heirs, and assigns will hold harmless and forever indemnify the CATCH-A-DREAM FOUNDATION, its Board of Directors, agents, and collaborating and supporting organizations from any fiscal, physical or legal liability associated with any compromise, injury or death resulting from, or in association with, or during the execution of any activities conducted in accomplishment of, the objectives of the Friends program. We verify our commitment to upholding the integrity of the Catch-A-Dream mission and value system and assure the Foundation that all activity conducted by our organization will be consistent with that mission and value system. By submitting this application for registration with the Catch-A-Dream Foundation we verify that the intent of our organization is to increase awareness and generate resources for the Foundation. We fully understand that all proceeds from any Friends event or activity must be transacted to the Foundation., and that any merchandise, goods or services donated to the activity must be used to benefit the Foundation. We fully understand that although our efforts are in support of the Foundation, the Friends program is not covered under the 501c3 status of the Foundation, and is thus independent of the Foundation in this respect.

Signature of Primary Contact **Date**

Signed before me this _____ day of _____, _____.

Notary Public _____

NOTE: This form MUST be notarized to be considered by the Catch-A-Dream Foundation.

| | | |
|--------------------------------|-------|-------------|
| For Office Use Only | | |
| _____ | _____ | _____ |
| Authorized CADF Representative | Date | Committee # |