



## Requirements for on site Fundraisers

1. You must be a non profit group with significant ties to Guilford.
2. A Fundraiser request form must be filled out and submitted to our office at least 14 days in advance. Requested dates are not guaranteed to be available.
3. Adult supervision must be present at all times.
4. When scheduling the date, you need to provide the name of your group, what you will be selling and an adult contact person that will be present the day of your function along with a phone number of the contact person.
5. When you arrive, please check inside at the Customer Service Desk to let them know you have arrived before setting up to and confirm the location. You must set up only where instructed.
6. You are only allowed to fundraise ONLY on the day/s you are scheduled for. If you need to change your date, it is based on availability.
7. Items we sell in our market, for example pies, generally will not be allowed as fundraising items.
8. You will need to bring whatever you need to set up, including a table that is no larger than 30" x 96". We **do not** provide items you may need such as paper, markers etc.
9. No tape nails or fasteners are to be used on the building.
10. Doorways and or access areas for customers to wheel carriages on the porch must remain clear and not blocked by your activities.
11. Please allow our customers to approach you so they do not feel pressured to buy. Your group should enhance Bishops image not detract by inappropriate sales methods.
12. Absolutely NO "Hard Sell" tactics allowed.
13. Please clean up after yourselves when done. Inform the manager at the Customer Service Desk when you are ready to leave.



1355 Boston Post Road Guilford CT 06437 (203) 453-2338

### On site Fundraiser Date Request Form

Name of your Group \_\_\_\_\_

Person Requesting Permission \_\_\_\_\_ Phone # \_\_\_\_\_

What will you be selling? \_\_\_\_\_

Fundraiser Date:

1st Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

*If you would like to schedule more than one day for your fundraiser, please indicate that at the bottom in the additional space provided.*

Fundraiser Time: \_\_\_\_\_ to \_\_\_\_\_

Adult Contact Person \_\_\_\_\_

(On duty day of sale)

Their cell phone number \_\_\_\_\_

Their Signature \_\_\_\_\_ Date \_\_\_\_\_

*This person agrees to be present the entire time of the fundraiser. The group has also been provided the list of requirements for our on site fundraising and agree to make everyone in the group aware of them. (Printed on the back of this form)*

**NOTE – If this is a raffle, a permit may be required. Please contact Guilford Police for details.**

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Date Scheduled _____	Times _____ to _____
Date Scheduled _____	Time _____ to _____
Verified with _____	When _____
Approved by _____	Scheduled by _____ Date _____