

DINING FOR DOLLAR\$ FUNDRAISER REQUEST FORM



Today's Date _____

Organization Name & Affiliation _____

Address _____

City _____ State _____ Zip Code _____

Check Payable to _____

Organization's Federal Tax ID# ____ - _____

Please tell us about your organization (goals, membership, activities, etc):

Contact Name: _____ Contact Title: _____

Phone #: _____ Email: _____ @ _____

Requested Super Mex location: _____

Requested Date: First Choice: _____ Second Choice: _____

(Fundraiser Nights are Monday thru Wednesday.)

Agreement Terms:

Approval of this request is solely at the discretion of the corporate management of Super Mex. Fundraiser agreement may be terminated and/or cancelled at any time during the term of this agreement with fourteen (14) days written notice of either party. No guarantees or warranties of any kind are made by either party as to the success of the event.

The above terms are agreed to and accepted on (date) _____

By (Signature of Organization Representative): _____

Contact: Super Mex Catering Office at 5254 Faculty Ave. Lakewood, CA 90712
Ph: 562-408-0095 • Fax: (562) 408-1920 • Email: info@supermex.com

Super Mex Restaurants, Inc.