Tab Bracelet Project Agreement Form

Individual Project Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade/Year</th>
</tr>
</thead>
</table>

Shipping Address

City        State        Zip        Phone Number

The above should be filled out when an individual would like to take on a Tab Bracelet Project individually and not as a group. The address provided above will be where all supplies are shipped to.

Group Project Information

<table>
<thead>
<tr>
<th>Coordinator Name</th>
<th>Title</th>
</tr>
</thead>
</table>

Group Category:  □ School  □ Church  □ College  □ Business  □ Other

Group Name

Group Website

Group E-mail

Group Shipping Address

City        State        Zip        Phone Number

The above should be filled out when any group would like to participate in a Tab Bracelet Project. The coordinator will be the primary contact and the individual responsible for receiving and returning supplies/money. The address provided above will be where all supplies are shipped to.

Partnership Information

☐ I want to MAKE Tab Bracelets  ☐ I want to SELL Tab Bracelets  (Check both when applicable)

Expected Date of Project

Expected Venue

Expected Attendance

Goal $__________________

# of Bracelets requesting to make ____________________________ Colors Requesting* (if any)

*Black, Purple, Red, Green, White, Hot Pink, Light Blue, Orange, Silver, Gold

Are you requesting the use of the Crisis Aid name and/or logo?________ Are you requesting permission to add a link from your website to ours?________

Crisis Aid Standards

All project and event fundraisers must be submitted to and approved by Crisis Aid. Any Crisis Aid name or logo usage must be pre-approved by Crisis Aid. Drafts of flyers, invitations, banners, t-shirts, etc. with Crisis Aid’s name and/or logo must be pre-approved. All projects must state Crisis Aid is the “beneficiary”, not the “sponsor”. Crisis Aid adheres to a high moral conduct and requests all fundraising coordinators and teams to exhibit the same high morals. All projects must meet all ordinances and laws set forth by the city, state, and federal government. Crisis Aid does not assume responsibility for accidents or losses during the event or project.

Project Coordinator (maintains sole responsibility for project)  

Date

Mail or Fax Application: Crisis Aid International P.O. Box 510167 St.Louis, MO 63151  
Fax:1-314-487-1409 info@crisisaid.org