



Donation and Charity Form

LEASE INFORMATION:

Today's Date: _____

Lease Name: _____

County: _____

Lease #: _____

Lessee Name: _____

Phone #: _____

EVENT INFORMATION:

Date of Event: _____

Contact Person for the Event: _____

Estimated # of Attendees: _____

Signed Release Forms Required for this Event:

Insurance Supplied for the Event:

Time of Event: _____ AM PM

Contact Phone #: _____

_____ YES _____ NO

_____ YES _____ NO

INSURANCE INFORMATION:

Insurance Company: _____

Insurance Phone #: _____

Effective Begin Date: _____

Insurance Policy Received: _____ YES _____ NO

Date Received: _____

Insurance Contact: _____

Insurance Policy #: _____

Effective End Date: _____

CHARITY NAME OR DONATION NAME: _____

EXPLANATION OF EVENT:

FOR OFFICE USE ONLY

TTG Authorized Representative:

Date: _____

Signature: _____

Printed Name: _____