

# Restaurant Partners, Inc. Fundraiser Event Application

**1. Choose the restaurant where you'd like your fundraiser:**

**BELTLINE BAR**

16 28th St, GR - ph: 616-245-0494 fax: 616-235-8685

**OMELETTE SHOPPE**

1209 E. Front St, TC - ph: 231-946-0590 fax: 231-946-0562

124 Cass St, TC - ph: 231-946-0912 fax: 231-995-3585

1880 Breton Rd, GR - ph: 616-726-7300 fax: 616-726-7303

545 Michigan St, GR - ph: 616-726-5800 fax: 616-726-5803

**FLAP JACK SHACK**

3980 N. US 31, TC - ph: 231-941-1890 fax: 231-941-6531

**BAGEL BEANERY**

455 Michigan St, GR - ph: 616-235-7500 fax: 616-235-7515

**GRAND CONEY**

809 Michigan St, GR - ph: 616-776-5580 fax: 616-855-0373

6101 Lake Michigan Dr, Allendale - ph: 616-895-9999 fax: 616-895-2238

401 28th Street, GR - ph: 616-228-4516 fax: 616-228-4606

5121 28th Street, GR - ph: 616-930-3680 fax: 616-930-3596

**SUNDANCE GRILL**

5755 28th St, GR - ph: 616-956-5644 fax: 616-956-0802

151 Ottawa Ave, GR - ph: 616-776-1616 fax: 616-776-1725

**RED GERANIUM CAFÉ**

5751 Byron Center Ave, Wyoming - ph: 616-532-8888

6670 Kalamazoo Ave, GR - ph: 616-656-9800

**BOONES PRIME TIME PUB**

102 St. Joseph, Suttons Bay - ph: 231-271-6688 fax: 231-271-5247

**ROCKWELL REPUBLIC**

45 S Division Ave GR - ph: 616-551-3563 fax: 616-235-8685

**\*\*Fax the completed application to your selected store and call a member of the management team to verify they've received your information\*\***

Please allow up to 2 weeks for your event application to be approved. Be sure to allow sufficient time to promote your event. Your fundraising flyer will be emailed following approval. 15% of the food & beverage purchases will be donated directly to your organization. Checks will be made payable to the organization name and address on this application, unless specified otherwise.

**Keep in mind in order to issue a check we will need a completed W9 on file. Feel free to call our office if you have any questions.**

**Corporate Office Phone: 616-235-8640**

**Corporate Office Fax: 616-235-8685**

**2. Your Organization's Information:**

Name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of Fundraiser: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**3. Fundraiser Information:**

Date Preferred (Mon - Wed): \_\_\_\_\_

Second Date Choice (Mon - Wed) \_\_\_\_\_

Circle One:      Breakfast 8am - 11am      Lunch 12pm - 3pm      Dinner 5pm - 9pm

**For Store Use:**

Contacted Customer to verify date availability

Logo requested

Logo received

W9

Manager entered Fundraiser date on calendar

Manager contacted Corporate Office