## Application to host 50/50 draw

Organization Name:

**Contact Person:** 

## Salmon Arm Demolition Derby & Swap Meet plus Show N Shine

www.derbyswap.com smashandswap@gmail.com

Phone:
Address:
Email:
Please answer the following questions:
Is the organization that you're applying for a Not-for- Profit, charity, or sports organization? Tell us about your group (please use the back of this application for more space).
How does your organization plan to utilize the funds raised from this 50/50?
Declaration:
If chosen, my organization agrees to apply for a Class B gaming license by April 30, 2025. We understand that we are responsible for providing our own volunteers to sell tickets on event date.
Signature: