



Participation Agreement

Date: _____

Ultimate Fundraising Inc. is determined to provide your group with quality programs that are easy to run and profitable.

Group Name: _____ **Contact:** _____ or authorized agent at

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Direct Phone: _____ **Home Phone:** _____

Email: _____ **Fax:** _____

Fundraising Chair _____ (print name) agrees to participate in the Ultimate Fundraising Inc. Program(s) that have been specified below and make all payments, when due, to the order of Ultimate Fundraising Inc. (unless otherwise specified).

Please select the fundraising program(s) your group will be conducting and the start date associated with that fundraiser. (We (Ultimate Fundraising Inc.) will insure that all of the materials that your group will need to run the specified fundraiser will be at your location prior to the start date you indicate below).

Program: _____ Start Date: _____

Program: _____ Start Date: _____

Program: _____ Start Date: _____

of Participants: _____ # of Brochures Required: _____

Grade/Age Level: _____ Profit Goal: \$ _____

Finishing Date of Campaign: _____

Special Instructions or Comments:

Ultimate Fundraising Inc. Field or Sales Rep: **Jessica Johnson**

I certify that I am the leader responsible for this organization; I am over 18 years of age, and can be contacted at the address and phone numbers above. I personally guarantee that either the organization I represent or I will pay all invoiced charges, and further understand these terms may be restricted and pre-payment may be required prior to shipment depending on the type of fundraiser selected and/or if my financial condition or other circumstances warrant.

X _____
Authorized Personnel Title Date

Fax To: 1-250-489-8133