



Event Date: _____

“BANDANA DAY” EVENT FORM

Name of School: _____

Address of School: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Name of Administrator or Moderator: _____

Organizer's Name: _____ Phone #: _____

Email: _____

Is This Your First 'Bandana Day' Event? _____ Yes _____ No

ORDER FORM

Please complete and submit 1 month prior to your event date to ensure bandana delivery. You are not required to purchase any bandanas for your event but must return any items you do not sell. Please contact our office for any special color selections. The suggested donation for a bandana is \$3.00.

Start-up # of Bandanas: _____

Pick-up date, time, & other arrangements: _____

Additional # of Bandanas: _____ Pick-Up Date & Time: _____

Pick-up Signature: _____

ARVF Signature: _____

EVENT SUMMARY

We require that you return unused bandanas to us with the proceeds of your event within two weeks of completion. Please contact ARVF to schedule a drop-off.

Number of Bandanas Returned: _____ Date: _____

TOTAL RAISED: \$ _____

**Note: Please do not send cash. A check or Money Order made payable to ARVF is required.*

MISSION STATEMENT

The Alicia Rose Victorious Foundation is a national, non-profit organization providing age-appropriate programs and activities for children and teens receiving treatment for cancer and other life-threatening illnesses.

EIN# 14-1859173

www.victoriousfoundation.org

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ARVF is a tax-exempt charitable organization under the 501(c)(3) Internal Revenue Code and is registered with the Attorney General of the State of New Jersey.