

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

124 Cass St, TC - ph: 231-946-0912

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

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

FLAP JACK SHACK

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

BAGEL BEANERY

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

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

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

NOBLE

1851 44th St SW, Wyoming - ph: 616-530-8750

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

ROCKWELL REPUBLIC

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

PETE'S TAVERN

2588 84th St SW BC - ph: 616-878-9582

****Send 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:

- | | | | |
|---|---|--|-----------------------------|
| <input type="checkbox"/> Contacted Customer to verify date availability | <input type="checkbox"/> Logo requested | <input type="checkbox"/> Logo received | <input type="checkbox"/> W9 |
| <input type="checkbox"/> Manager entered Fundraiser date on calendar | <input type="checkbox"/> Manager contacted Corporate Office | | |