

CHARITY MONTH GUEST BARTENDER APPLICATION

ORGANIZATION: _____

MAILING ADDRESS: _____

APPLICANT NAME: _____

BUSINESS PHONE: _____

Email: _____

ORGANIZATION MISSION/PURPOSE: _____

HOW WILL THE FUNDS RAISED BE USED? _____

GUEST BARTENDER NAME(S): _____

PHONE: _____

EMAIL ADDRESS: _____

HOW MANY PEOPLE DO YOU THINK WILL SUPPORT YOUR EFFORTS BY
COMING TO *THE BRICK* TO SEE YOU/YOUR REPRESENTATIVE POUR SOME
DRINKS?

PREFERRED DATE(S) – Please make 3 choices

Tuesday, March 6th

Tuesday, March 13th

Tuesday, March 20th

Wednesday, March 7th

Wednesday, March 14th

Wednesday, March 21st

Thursday, March 8th

BOOKED - March 15th

Thursday, March 22nd

Email, fax or hand deliver application by 2/28/12.

THE BRICK HOTEL ON THE CIRCLE, 18 THE CIRCLE, GEORGETOWN, DE 19947

302.856.1836 -- FAX: 302.856.1899 -- EMAIL: RELAX@THEBRICKHOTEL.COM