

Eastpointe Cruisin' Gratiot 2023 Charity Registration

Cruisin' Gratiot, a 501 (c) (3) entity, is responsible to the state of Michigan and must release an annual financial statement and reconciliation of our Cruise proceeds. You have been identified as a potential charity to receive funds to benefit your own organization. We ask that you complete the information below so that we can put you in our active files for inclusion in the current year's event and/or any future event, if it is your intent to do so.

Our current procedure is that we ask each charity to send representatives from its organization to staff one or more booths where Cruise merchandise is sold.

If you would like to participate in the 24th Annual Eastpointe Cruisin' Gratiot, on Saturday, June 17, 2023, by signing this, you agree to:

- 1) attend an orientation session prior to Cruise Day, if one is scheduled;
- 2) set up a booth at your selling location on Cruise day, with tent, tables and chairs provided by your organization.
- 3) responsibly account for all money handled by your representatives;
- 4) help inventory merchandise at your booth, then return all money to a designated Cruise official at the end of Cruise night;
- 5) keep inventory numbers on hand for merchandise sold, with paperwork signed and dated by an identified Team Leader;
- 6) inventory and box any unsold items and return to Cruise personnel at the end of the night..

Please mail this completed form to: Kathy DiCenzo Wodecki, 17640 Collinson, Eastpointe, MI 48021,
or email kathydmmba@sbcglobal.net
Any questions call Kathy at 586-772-5007 as soon as possible.

Organization Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Email: _____

Primary Team Leader and Title: _____

Secondary Contact and Title: _____

Federal Tax ID Number (if available): _____

Letter of Determination enclosed? Yes _____ No _____ (optional, but preferred)

Would you like to be considered to work the 2023 Cruise on June 17, 2023 Yes _____ No _____

Location of Booth(s) to be worked: _____

Signature of Primary Contact Person: _____ Date: _____