



7900B W. Crystal Ridge Dr
Franklin, WI 53132

info@rocksnowpark.com

DONATION REQUEST FORM

All donation requests must be received at least two weeks prior to event.

Organization Name _____

Contact Person _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Name of Event _____

Date of Event _____

Chose One

Lift Tickets

Tubing Tickets

PLEASE FILL OUT FORM COMPLETELY AND MAIL OR EMAIL TO THE ADDRESS ABOVE.

Please allow at least 2 weeks processing time.

OFFICE USE ONLY

Approved

Not Approved

Reason:

Signature: _____ Date: _____