



**Somersplash Waterpark Donations**  
**CITY OF SOMERSET--SOMERSPLASH WATERPARK**  
**DONATION REQUEST FORM**

**GENERAL INFORMATION**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Federal EIN: \_\_\_\_\_ Tax-Exempt Number: \_\_\_\_\_

**EVENT INFORMATION**

Event Title: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Beneficiary of Event (If Benefitting a Non-Profit Organization): \_\_\_\_\_

Use of Donation: (Check One)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Door Prize   | <input type="checkbox"/> Silent Auction |
| <input type="checkbox"/> Raffle Prize | <input type="checkbox"/> Live Auction   |
| <input type="checkbox"/> Incentive    | <input type="checkbox"/> Other: _____   |

Please include, on organization letterhead, a description of the organization and a description of the event for which the donation will be used. Return description and Donation Request Form to:

Somersplash Waterpark  
 ATTN: Donations  
 1030 HWY 2227  
 Somerset, KY 42503

Type of Pass(es) given (Somersplash Only)

**Official Use Only:** Type of pass(es): \_\_\_\_\_ Number of Pass(es) \_\_\_\_\_