



High School Event Sign Up

School Name _____
School Address _____
School Phone _____

Contact Name _____
Contact Phone _____
Contact Email _____
Contact Position _____

Club, Team, or Group _____

Requested Date(s) for Event (Provide Option of 3 Dates):

1. _____ 2. _____ 3. _____

Requested Time for Event _____

Prefer In-Person or Virtual _____
Estimated Attendance of Event _____

Address donation is to be sent _____

Who is the check to be made out to? _____
Is there any other documentation required with the donation? _____

Can we use your organizations logo to market this event? Y or N

To use your logo on marketing material, please provide a translucent background digital logo as well as documented authorization on company letterhead providing the ability to use the logo for marketing the event and its successes.

Please expect to be contacted by a C.A.P.S. Representative within 3 business days to confirm your event dates. Events take a minimum of 4 weeks from the date this document is returned to take place.

Once this form is completed in its entirety, please return to
jschechtman@mycoastalwealth.com