



SAVOR...Stockton
Catering • Concessions • Special Events

**Non-profit Organization
Interest Form**
Savor...Stockton

We are an equal opportunity organization. We recruit, train, compensate, and promote without regard to race, religion, creed, color, national origin, age gender, sexual orientation, martial status, disability, veteran status, or any other basis protected by applicable federal, state, or local law. **Due to the nature of our business all volunteers working with alcohol MUST be at least 21 years old.**

Please *print clearly* in block letters using blue or black ink. Complete all applicable items on the sheet fully and accurately.

Organization Name: _____

Today's Date: _____

Training Starts: TBD
Season: 2018-2019

Time:
TBA

Organization Mission:

How many workers can provide on a regular basis? _____

Are there any events your group would not want to work? _____

What hours is your group available? (weekdays, nights, weekends and holidays) _____

Contact Information:

Leader Name: _____
Best Contact Phone #: _____
Secondary Phone #: _____
Email address: _____

Does your group currently have 501c3 status?	YES	NO
# of volunteers over 21 years of age		
Has your group worked concessions before?	YES	NO
Will your group be able to provide general liability insurance?	YES	NO

How did you hear about us?

I hereby certify that all information provided on this interest form is true and understand that any false information could cause our group to be ineligible. I authorized SMG SAVOR Management to investigate and verify the facts claimed by me on this form. I herby understand that it's the responsibility of the Group leader to maintain current information on this form by contacting the SMG SAVOR Management immediately changes are made.

Signature of Primary Contact

Date

PLEASE RETURN FORM TO:
SMG Stockton Arena
C/O Roseanne Peralta
Food & Beverage Manager
248 W. Fremont St
Stockton, CA 95203
Fax:209-373-1670
email:rperalta@smgstockton.com

*****FOR DEPARTMENT USE ONLY*****
Approved _____ Not Approved _____
Reason if not approved _____

Signature of Savor Management: _____ Date: _____