



Grocery Shopping Spree Fundraiser Organization Sign-Up



for non-profit groups/organizations with a 501(c)(3) status*

*Please attach a copy of your certificate to this form

Organization Name: _____

Ticket Price: _____ **Drawing Date:** _____

Shopping Spree Week of: _____

Location (check one): Lititz Rohrerstown

Your Name: _____

Street Address: _____

City: _____ **State/Zip:** _____

Phone Number: _____ **Email:** _____

Only one participant per shopping spree. Price cuts will be applied. Rewards programs, special offers, discounts and coupons are not part of the shopping spree. Shopping spree must take place Tuesday, Wednesday or Thursday between the hours of 5pm and 8pm.

Shopping Spree tickets cannot be sold in the lobby/entrance/exit of our stores.

I have read and understand the guidelines for the shopping spree and will share with winner. A representative of our organization will be present when the shopping spree occurs and will provide payment for the total cost of the grocery spree.

Signature

Date

-----For Official Use Only-----

Manager Approval: _____ **Shopping Spree Total:** _____

Actual Shopping Spree Date & Time: _____

Original to Supermarket General Manager, Copy to Organization