



**2011-2012 MILWAUKEE BUCKS – CHARITABLE TICKET DONATION
ORGANIZATION REGISTRATION FORM**

Please Print or Type

Organization / Group Name	
Address	
City, State, Zip Code	
Employer Identification Number (EIN) or Tax Exempt Number *Do Not Leave Blank	

Please indicate preferred form of contact

	Primary Contact	CEO/Director/Department Head Secondary Contact
Name		
Cell/Daytime Telephone Number		
Evening Telephone Number		
Email Address		
Number of Tickets Requested Per Game (25-150)		
What Form(s) Of Transportation Are You Planning To Utilize To Get Your Group To The Game		
Authorized Signature		
Date		
Please include a one page essay or informational sheet with your registration outlining the mission of your organization and how your group will benefit by being included in our 2011-2012 Charitable Ticket Program.		

***Please return this form immediately to:** Milwaukee Bucks Community Relations, 1001 North Fourth Street, Milwaukee, WI 53203 along with your Essay and signed Program Guideline form. All accepted organizations will be contacted to formally acknowledge your organization's participation in the 2011-2012 Charitable Ticket Program. ***Please submit your application immediately to provide the best opportunity for your participation.**