

BLENDED STAR — A FRANCHISE COMPANY

MARKETING & EVENT CHECK REQUEST FORM

Store:	Date Submitted:	s	ubmitted by:	
Event Name:		Event Date:		
Type of Event: (Offsite	e FR, In-Store FR, Sponsors	hip etc.)		
Net Sales (before tax)): \$	Giveback %	(if applicable):%	
Check Amount: \$			Ongoing Contract?	☐ YES ☐ NO
directly from the orga		e organization's ch	21G must be on file. Paymen eck must be included with ea	
CHECK INFORMATION	N: Payable to:			
Send check to:	storeother address:			
	olease include a W-9 form a	-	n. Always include sales recei	pt, or other backup with
Approved By:	Manager	 Date	 District Manager (if sp	onsorship) Date
Please email thi	• • •	-	re processed <u>within 14 days o</u> we wwill try to accommodate	

STORE ONLY: Check received? ____ Date:____