

# Application Form for Non-Profit Organizations in Ada and the Surrounding Area To Work the Trail of Lights at Wintersmith Park

Name of Non-Profit Organization \_\_\_\_\_

Please Print

Primary Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_ Secondary Phone No: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_ Secondary Phone No: \_\_\_\_\_

Yes, our organization would like to be considered to work more than one night.

Our organization would like to only work one evening.

By signing this agreement, I understand the terms of the lottery and the commitment to have the Non-Profit Organization that I am representing work on the designated evenings that are assigned. Otherwise, we will forfeit any opportunity to work in the future.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature

**WE ARE LIMITED IN THE NUMBER OF NON-PROFIT ORGANIZATIONS  
THAT WE CAN ACCEPT. AT THIS TIME, WE ARE ONLY ACCEPTING THE  
FIRST 30 APPLICATIONS THAT RETURN THEIR FORM. Please complete  
this form and return to:**

**City Hall  
231 South Townsend – Ada OK**

**ALL FORMS MUST BE SUBMITTED BY FRIDAY, NOVEMBER 2  
at 5:00 p.m.**