CHARITY SUBMISSION FORM Date:_____

WINE WALK
THE ORIGINAL. STILL THE BEST.

The Wine Walk occurs during the
Third Saturday of Every Month 2pm- 5pm

Full Name of Charity: _____

Contact Name:_____ **Phone #:**_____ **Fax #:**_____

e-mail address:_____ **Website** (not required)**:**_____

Requested Charity Month (based on a first come first serve basis)**:**_____

Marketing (Please describe how you intend on marketing the wine walk through your organizations current resources)

_____

_____

_____

Promotional Items (Please list any promotional items you would like to provide during the event)

_____

_____

Please provide any additional descriptions or notes regarding your charity below:

Submissions are reviewed by the members of the Riverwalk Merchants Association on a monthly basis. If the submission is accepted you will be contacted by a member of the executive committee and at that time establish the necessary items, dates, references and additional marketing materials required for the event.

Submissions can either be faxed to 775-746-0717 or e-mailed to info@renoriver.org
Or mailed to The Riverwalk Merchants Assn., P.O. Box 1606, Reno, NV 89505 USA

THE RIVERWALK DISTRICT