



2022 Minnesota Renaissance Festival

www.renaissancefest.com • 952.698.9552 • fundraising@renaissancefest.com

Weekends August 20 - October 2 • Plus Labor Day & Festival Friday, September 30 • 9AM - 7PM

Food 4 Funds Application

TRAINING

- **Group Orientation:** (Date TBD) All Group Leaders
- **Alcohol Awareness Training:** (Date TBD) Alcohol Booths Only
- **Safety & Sanitation Summit:** (Date TBD) All Group Members

Your organization will learn specific booth operations during orientation & training. Booth procedures & recipes will be supplied and available in your booth. Please follow these procedures while producing the products for your booth

Revenue reports and booth accounting procedures will be reviewed and need to be followed to ensure inventory control, records of revenue, and payment to your organization

If the organization has multiple Booth Supervisors scheduled during the Festival at least one person must attend orientation and training sessions prior to working and be able to effectively train the Booth Supervisors working that couldn't make training.

SUPPLIES

• **Supplies will be provided:**

Castle Kitchens provides everything for your organization to manage and operate one of our food and beverage booths for the entire run of the Festival including:

- All Equipment
- All Food & Paper Products
- Booth Procedures
- Booth Accounting
- Opening Cash and Change
- Costumes
- Upper Management and Support
- Training

• **Your organization provides:**

- Volunteers for the run of the show
- Cooperation
- Enthusiasm
- Excellent Customer Service

COSTUMES & DRESS CODE

- All organization members must be in costume while working in the booth.
- We will loan you one and one half the maximum number of costumes needed to operate your booth
 - Example: If you need 4 people to run your booth at the Festival, the costume shop will loan you 6 costumes.
- Health regulations require the wearing of a hat or headscarf in all food and beverage booths. Closed-toe, non-branded shoes must also be worn
- The Organization Coordinator needs to complete the Costume pick up procedure and return it to the Festival no later than **July 13, 2022!**

To expedite the review of your Fundraising Application, please email or mail your completed form to Jon Filter, Food & Beverage Director

Email: fundraising@renaissancefest.com

Address: **Minnesota Renaissance Festival**
ATTN: Jon Filter
12364 Chestnut Blvd,
Shakopee, MN 55379



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ORGANIZATION INFO

ORGANIZATION NAME _____

ORGANIZATION ADDRESS _____

CITY _____

STATE _____

PHONE # _____

PHONE # _____

FAX # _____

WEBSITE _____

EMAIL _____

ORGANIZATION FEDERAL TAX ID# (Must be 9 digits long, does not contain letters) _____

ORGANIZATION FEDERAL TAX NAME (as shown on your Income Tax Return) _____

PRIMARY CONTACT INFO

CONTACT NAME _____

TITLE _____

CONTACT ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMAIL _____

NETWORKING QUESTIONS

How did you hear about the MRF fundraising opportunity? _____

Primary reason for participating in the MRF Fundraiser? _____

Why would your organization be successful in the MRF Fundraiser? _____

FESTIVAL DAY SPECIFICS

How many volunteers will be available per day? _____ Average age of volunteers? _____

Booth Choice: #1 _____ #2 _____ #3 _____

Coordinators to Supervise and work in booth(s):

PRIMARY CONTACT _____

PHONE _____

SECONDARY CONTACT _____

PHONE _____



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POTENTIAL EARNING INFORMATION

How much does your organization wish to earn? _____

What will the earnings be used for? _____

PREVIOUS EXPERIENCE

Has your organization worked at the MRF before? _____

If so, what booths? _____

What did you like most about your previous MRF Fundraising experience? _____

Has your organization worked other fundraisers or events? _____

If yes, please list event(s) _____

What did you like most about previous fundraising event(s)? _____

Does your organization have any of the following experience? COOKING CASH HANDLING HAWKING

ORGANIZATION SPECIFICS

Please provide organization worked at the MRF before? _____

What is your organization mission? _____

What year was your organization established? _____

What is the greatest accomplishment of your organization? _____

What awards or honors has your organization received? _____

Please indicate how communication between organization and MRF should be directed:

PLEASE CONTACT AND SEND DIRECT
CORRESPONDENCE TO OUR
ORGANIZATION

PLEASE CONTACT AND SEND DIRECT
CORRESPONDENCE TO OUR
CONTACT PERSON

SIGNATURE _____ **DATE** _____

Please copy all forms for your records. For questions regarding this form, call 952.698.9552.