

**Application to Participate in Atascadero's Dancing With Our Stars (DWOS) 2018**  
**Sponsored by the Friends of the Atascadero Library (FOAL)**  
**Event Dates: March 22<sup>nd</sup>/March 23<sup>rd</sup>/March 24<sup>th</sup>**

The opportunity to participate is only available to 501(c)3 Non-Profit Organizations in North County. Organizations must complete this application through the on-line application on the Friends of the Atascadero DWOS website -- [www.AtascaderoDWOS.org](http://www.AtascaderoDWOS.org).

The completed application must be received no later than May 31<sup>st</sup>, 2017.

Non-profit organizations that participated in DWOS 2017 are not eligible to apply for DWOS 2018

Organization Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Organization Address, Phone, and Email address: \_\_\_\_\_

\_\_\_\_\_

Name and position of Board Member preparing this application, including contact information:

Name: \_\_\_\_\_ Board Position: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please provide the Mission Statement of your Organization.

Is your organization affiliated with any political or religious institution?

How long has your Organization been active in Atascadero and the North County?

**What services does your organization provide to the North County community? What part of the community do you serve?**

**How many members does your organization currently have? What is your volunteer base?**

**What specific plans do you have for the funds you will raise through participating in the DWOS event?**

**Will these funds be expended within one-to-two years after your participation in DWOS?**

**Please provide information regarding any connection your organization has with the Atascadero Library. How do you see it relating to the Library's mission "to provide materials and services to people of all ages seeking knowledge, lifelong learning, and recreation"? Will Library patrons have access to materials or services that will result from your planned DWOS fundraising?**

**What support has your organization previously provided to the Atascadero Public Library either directly or through the Friends Of the Atascadero Library?**

**What support has your organization provided in the past to a DWOS event?**

**Each selected Non-Profit Organization will be expected to send a representative to all planning meetings prior to the event. This representative will be the primary contact for your Organization.**

**Please provide the name and contact information for your Team Leader:**

**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Each selected Non-Profit Organization will be required to provide a minimum of 8 volunteers to help during the DWOS event.**

**Have you identified a dancer to represent your Organization? If yes, please provide name and contact information:**

**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**If a dancer has not yet been found, what are your plans to recruit a dancer? Please indicate if you need FOAL help to secure a dancer.**

**Friends of the Atascadero Library/DWOS reserves the right to charge a 10% participation fee based on the funds you raise. Friends of the Atascadero Library/DWOS expects organizations to provide a minimum of six silent auction items. The participation fee and silent auction funds will help to offset FOAL expenses for the event. Participating non-profit organizations will reimburse FOAL for each sponsor ticket. (Example- \$1,000 sponsor receives two \$85. event tickets. The non-profit organization securing the sponsor will reimburse FOAL for \$170 for 2 seats secured for the event.)**

**Each participating non-profit's dancer will need to commit to attending/participating in these events:**

- **August 19- 5-6:30 p.m."Dancing in the Streets" City event where 2018 Community Star Dancers will be introduced to the public.**
- **October 21- Atascadero Colony Days Parade 9-11:30 a.m.**
- **March 20, 21 DWOS Dress Rehearsals 7 p.m.**
- **March 22, 23, 24 DWOS Dinner Shows 5:30 p.m.**

**By signing below you agree to FOAL's terms.**

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**Signature/Printed Name of Preparer**

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**Date**