



Your trusted, local grocer.

Summer Grill Program Application

Event Requirements

- To participate organizations must be classified as a non-profit agency [501(c) or 501(c)(3)]
 - Must provide documentation of non-profit status
- Must complete and sign the included *Summer Grill Program Waiver*
- A non-refundable \$25.00 deposit by check or credit card only (no cash) is required to reserve date (will be deducted from food bill on day of event)
- Cancellations must be made at least 96 hours in advance
- All food and supply items must be purchased from Sendik's Food Markets (at cost) and order must be placed least 72 hours in advance
 - Sendik's will provide a suggested minimum beginning food order
 - Meat will be pre-cooked prior to start time on designated day
 - Sendik's will set the pricing for all food served to customers
 - Alcohol is not permitted on premise or for sale
- Suggested minimum of three (3) volunteers; those handling money cannot handle food
 - No one under 18 years old may operate the grill
 - At least one (1) volunteer must be 18 years or older
- Available Dates/Times
 - All Locations: Monday – Friday
 - Setup/grilling at 11:00AM, food must be served until 3:00PM **OR** setup/grilling at 4:00PM, food must be served until 7:00PM
 - All Locations: Saturday/Sunday
 - Setup and begin grilling at 11:00AM, food must be served until 4:00PM
 - The following locations are **not** available for Summer Grill Program
 - Brookfield – The Corners
 - Fresh2GO locations (Bayside, Greendale, Hales Corners, Marquette)
 - Germantown
 - Mequon
- Organization is responsible for all set up, tear down and clean up
- Organization may only use the fundraising advertising sheet provided by Sendik's Food Markets. Sendik's Food Markets logo may not be used for any other reason without permission.

Completed application, waiver and documentation of non-profit status must be emailed to Sara Ligocki @ sara.ligocki@sendiksmarket.com



Your trusted, local grocer.

Organization Information

Name of Organization: _____

Purpose of Organization: _____

Name of Contact (must be 18+): _____

Email Address: _____ Phone: (____) _____

Requested Store: _____

Date Requested (please provide 1st Choice, 2nd Choice, 3rd Choice):

____/____/____ ____/____/____ ____/____/____

Acknowledgment

I, _____, on behalf of the above organization, understand the rules put forth by
(please print name)
Sendik's Food Markets regarding Brat Fry Fundraisers, and take responsibility for informing and educating
all members of our group, as well as, ensuring the compliance of those rules.

Signature: _____

(For Office Use ONLY)

Sendik's Food Markets Response:

Approved Denied

Date Reserved: ____/____/____

\$25.00 deposit received

Signed Waiver

Documentation of non-profit status