

www.hopeoutdoors.org

Partners in Hope Application

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>Fill out this Application Online: www.hopeoutdoors.org

Application Date:	/ /			
Contact Name:		Phone: ()	- Email:	
Church or Organiz	ation Name:		Org. EIN#:	
Address:		City:	State:	Zip:
Number of Members in Church or Organization?				
Is Your Organization a Registered Non-Profit 501c3? [] Yes [] No				

Please describe the opportunities you would like to provide through a Hope Outdoors event.

What woodlands, waterways or other areas would you utilize for your event(s).

Does your group have any experience with these types of events? [] Yes [] No If yes, please describe in as much detail as possible:

By making application for Partners In Hope the applicant and all parties involved agree that all information is true and correct and that Hope Outdoors has the permission to use the name of the applicant as well as photographic images for the coordination and promotion of future events.

THANK YOU! Our ministry is made possible by partners like you.

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