

**Town of Cape Elizabeth
Returnable Bottle Shed
Application – Request for Donation**

Application Deadline: 4:00 p.m. Friday, October 20, 2017

**Please return completed application to:
Town of Cape Elizabeth Attn: Officer David Galvan
P.O. Box 6260 Cape Elizabeth, ME 04107
Questions: 767-3323 or david.galvan@capeelizabeth.org**

Name of Organization: Cape Elizabeth Little League

Volunteer Coordinator Contact Information

Name: _____
Address: _____
Phone Number: _____ Alternate Phone Number: _____
Email: _____

<p>Amount Requested <u>\$1,500</u> How many children benefit from the organization? <u>450+</u> When was the organization established? <u>1960's</u> Did the organization previously volunteer at the bottle shed? YES NO If so, for how many years? <u>15 years approx</u></p>
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What other fundraising events will the organization be sponsoring and when?
Cape Little League co-sponsors a charity dance and auction with the HS baseball and softball teams as well in addition to a Red ticket raffle and field sign sponsorships.


Is the organization funded by another source(s)? If so, what is the source(s) and what percentage of the budget is paid for by that source(s)?
Player registrations constitute approximately 70% of our annual operating budget

Is the organization involved with the Cape Elizabeth School Department? If so, in what way? Cape Little League works with the HS baseball program to help run our winter clinics and HS players volunteer as umpires in our league

What specifically will the money be used for? _____
These funds would be used for new equipment & towards registration scholarships (for kids who

Name and Title of Person Responsible for Receiving Payment:
Mike Schoebaum, Cape Little League Treasurer
Mailing Address: 6 Hemlock Hill Road
Phone Number: _____ Alternate Phone Number: _____
Email: _____

The person responsible for completing this application, please sign and date below.

Signature:  Date: _____

On a separate sheet of paper **type** a brief summary explaining the history of your organization, the impact it has on the youth of Cape Elizabeth, and the benefit receiving this money will have on your organization.

For Office Use:

Date Application Received: _____
Date Payment Sent to Organization: _____