



COMMUNITY PARTNERSHIP APPLICATION

Date of application: _____

Which location would you like to partner with? Lakeside Missoula

Name of organization: _____

Address: _____

501c3: _____

Do you have a preferred month you'd like to be our community partner?

We will do our best to accomodate your preference, but cannot guarantee it.

Who may we contact about organizing the community partnership?

Contact's name: _____

Role in organization: _____

Contact's phone number: _____

Contact's email: _____

Tell us a bit about your organization! What is your mission, goal, passion, etc?

How do you use your funds?

How do you plan to promote your Community Partnership with Tamarack?

Please send completed applications to tapnight@tamarackbrewing.com

THANK YOU!