

The Riff Ridgel Crawfish Cook-Off Beneficiary Nomination Form



Riff Ridgel Crawfish Cook-Off Benefit is a non-profit 501(c)3 organization dedicated to providing support to families and individuals in the local community whose lives have been impacted by a catastrophic illness or accident.

As a beneficiary of the Riff Ridgel Crawfish Cook-Off Benefit, you are agreeing to provide information as requested by the Board of Directors, including photographs, which may be used to advertise the event. Submission of this form does not confirm engagement.

Please provide the following information regarding the applicant and contact person if other than applicant. Be sure to print clearly.

Applicant Information	
Name:	
Age:	Parish of residence:
Street Address:	City, Zip Code:
Contact Person Information	
Name:	
Street Address (if different):	City, Zip Code (if different):
Home Phone:	Cell Phone:
Email Address:	

Please provide information regarding the applicant, type of accident/illness, age at time of accident/illness, extent of disability, etc.

Provide any additional information you would like to be included in any advertisement.

Include any information you would not wish to have included in any advertisement.

If the Riff Ridgel Crawfish Cook-Off Benefit Board of Directors is able to provide support to applicant, what is the most urgent need and approximate cost?

If selected as a beneficiary, how can your friends and family help to make the Riff Ridgel Crawfish Cook-off successful? For example, selling tickets, boiling teams, sponsorships, and volunteering for the day of the event.

NOTE: Please use additional page if needed. Please return this form along with a picture of the applicant to PO Box 675 Natalbany, LA 70451 or via email at: riffridgelcrawfishcookoff@gmail.com

Signature of Applicant/Contact Person

Date Submitted

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