

# THIRD-PARTY EVENT APPLICATION FORM



## CONTACT INFORMATION

Group/Organization Planning Event		Main Contact Person: Dr Mr Mrs Miss Ms <i>(circle one)</i>	
Mailing Address		City	
Province	Postal Code	Email Address	
( )	( )	( )	( )
Home Phone	Business Phone	Cell Phone	Fax Number

Please select a category that best describes your group/organization:

- Corporation       School       Community       Service Club       Individual

## EVENT INFORMATION

Name of Proposed Event <i>(referred to publicly as...)</i>	Event Date & Time	
Event Location	Expected Number of Participants	
Address	City	Postal Code
Type of Event: <input type="checkbox"/> One-time <input type="checkbox"/> Ongoing <input type="checkbox"/> Annual		
What inspired you to hold this event? _____		

Will any other charities receive proceeds from the event?  Yes  No

If yes, who: \_\_\_\_\_

## EVENT REVENUE

Briefly describe the event and how funds will be raised:

\_\_\_\_\_  
\_\_\_\_\_

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Source(s) of revenue:  Ticket Sales  Raffle  Live/Silent Auction  Cash Donation  
 Sponsorship  Pledges  Merchandise Sales  Other: \_\_\_\_\_

What is your projected revenue (after expenses are deducted)? \_\_\_\_\_

For information on tax receipting, please contact Chilliwack Hospice Society.

## EVENT PROMOTION

Do you plan to use Chilliwack Hospice Society's Name and logo in your event promotion?  Yes  No  
*Please note that Chilliwack Hospice Society must approve any and all name and logo usage and have final approval prior to printing.*

What kind of Chilliwack Hospice promotional materials will be required?

Brochures  Poster  Display Screens  Website  Other: \_\_\_\_\_

## EVENT AGREEMENT

The Event Organizer agrees to:

- Portray a positive, credible public image on behalf of Chilliwack Hospice Society while conducting all activities (related to this fundraising event);
- Abide by the Canada Revenue Agency (CRA) guidelines regarding the issuance of charitable tax receipts;
- Obtain authorization from Chilliwack Hospice Society for the use of its name and logo in any and all media and print materials related to this event;
- Handle any monetary transactions, and present the proceeds to Chilliwack Hospice Society within 30 days following the event;
- Submit the complete name, addresses and donation information to Chilliwack Hospice Society so that tax receipts may be issued (*Without this complete information receipts will not be issued*);
- Provide staffing and volunteers for the event;
- Use its own mailing list for the special event;
- Obtain all necessary permits, licenses or insurance;

Chilliwack Hospice Society shall not incur any cost or liability associated with this event. The Society reserves the right to withdraw the use of its name and logo at any time. Chilliwack Hospice society agrees to recognize the event in accordance with its donor recognition policies.

*If the event is cancelled the event organizer will notify Chilliwack Hospice society prior to the original event day.*

\_\_\_\_\_  
Signature of Event Organizer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chilliwack Hospice Society

\_\_\_\_\_  
Date