



## 2017-2018 Third Party Fundraising Event Application Form

### 1. SPONSOR INFORMATION

Name of sponsoring organization/individual: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

### 2. EVENT INFORMATION

Name of event: \_\_\_\_\_

Type of event: \_\_\_\_\_

Brief description of event: \_\_\_\_\_

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

Location: \_\_\_\_\_

Date(s) and time(s): \_\_\_\_\_

Method of raising funds, including fees charged: \_\_\_\_\_

\_\_\_\_\_

Do you plan to pay an individual or organization to help plan, manage or conduct the event or to solicit contributions?  Yes  No Contact: \_\_\_\_\_

Name(s) of any organization with whom you will have any contract or agreement in relation to the event: \_\_\_\_\_

Will you be advertising or publicizing this event? If so, who will be coordinating? \_\_\_\_\_

\_\_\_\_\_

Who is your target audience: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

Is a *Special Event Liquor License* required for your event?  Yes  No

*(Please attach approvals by local authorities and evidence of insurance.)*

**3. USE OF FUNDS:** Please indicate where you wish to designate the proceeds raised:

- Greatest Need (where funds will have the greatest impact)
- Phoenix Advocacy Center
- California Village
- Tennessee
- Childhelp Speak Up Be Safe Program
- Therapy Programs
- Virginia Village
- Other – specific program or service: \_\_\_\_\_

**4. FINANCIAL INFORMATION:**

Please estimate:

Total proceeds: A. \$ \_\_\_\_\_

Expenses (include costs such as printing, food, entertainment, equipment rental, promotion, etc.): B. \$ \_\_\_\_\_

Anticipated net proceeds (A minus B): C. \$ \_\_\_\_\_

Amount/percentage of net proceeds donated (Sponsor is not liable for amount): D. \_\_\_\_\_ %

Anticipated date of your donation (within 45 days of event): \_\_\_\_\_

**5. Signature:** Until written permission has been granted by Childhelp, contributions may not be solicited in the name of Childhelp or any of its facilities or programs and the name “Childhelp” may not be used.

Information provided on this form is correct and accurately describes the proposed event.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Phone

***Thank you for supporting Childhelp's mission:***

*Childhelp exists to meet the physical, emotional, educational and spiritual needs of abused, neglected and at-risk children. We focus our efforts on advocacy, prevention, treatment and community outreach. For more information please contact Mallory Middleton at [MMiddleton@childhelp.org](mailto:MMiddleton@childhelp.org)*