2020 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. 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

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 Leah Digirolamo at LDigirolamo@childhelp.org