2022 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