



EVENT APPLICATION

Childhood Cancer Canada is proud to be your charity of choice. Please complete this form and email it to info@childhoodcancer.ca

CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

EVENT INFORMATION

Name: _____

Date(s): _____ Time: _____

Location: _____

Detailed Fundraising Description:

Fundraising Goal: _____

AGREEMENTS

Do you agree to submit donations along with your Event Proceeds Report to CCC within two weeks of your event?

Yes No

Do you understand and agree to CCC's Fundraising Guidelines? Yes No

Signature: _____ Date: _____

Name: _____

