



Childhood Cancer Canada Foundation
21 St. Clair Avenue East Suite801
Toronto, Ontario M4T 1L9

Phone: 416 489 6440
Fax: 416 489 9812
Toll Free: 1 800 363 1062

Charity Registration
#13189 7654 RR0001

EVENT APPLICATION FORM

1) Donor Information

Date of proposal: _____

Name of group/company/individual planning the event: _____

Name of individual responsible: _____

Mailing address: _____ Suite: _____

City: _____ Province: _____ Postal code: _____

Tel. Business: _____ Tel. Home: _____ Fax: _____

Email Address: _____

Event Name: _____ Event Date(s): _____

Event Location & Address: _____

Briefly describe the event: _____



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2) Cost/Revenue Information

Please provide a full account of all costs and expected revenues from this event/initiative. Note that costs must come out of the proceeds of the event or be otherwise borne by the event organizer. The Childhood Cancer Canada Foundation does not pay for event costs up-front.

A) Costs

Site/Venue: \$ _____

Promotion: \$ _____
(advertising/tickets/posters etc.)

Prizes: \$ _____

Other: (please specify) \$ _____

Total Costs: \$ _____

How will costs be paid? _____

B) Revenue

Revenue source(s): _____
(Please specify)

Expected Revenue: \$ _____

Percentage/Amount to be allocated to Childhood Cancer Canada: % _____ \$ _____

Note that raffles and 50/50 draws require a license – processing can take up to 10 weeks.

Also note that when a business or individual wishes to donate a portion of the proceeds from the sale of a product or service, this is classed as a cause related marketing venture and will not be treated as a community event. Please contact Dana Stanescu, Director of Marketing & Community Programs at 416-489-6440 ext. 216.

The Childhood Cancer Canada Foundation may be able to provide promotional materials for your event. Promotional materials will be sent to you once your event has been approved.

Note below the nature and quantity of promotional material that you will require:

Please read the following and sign below to verify that you understand these special event procedures.

I agree that Childhood Cancer Canada’s name and logo are registered trademarks. Prior to publicizing or holding the event, Childhood Cancer Canada must approve this proposal and use of name or logo. By publicly naming Childhood Cancer Canada as the beneficiary of my event, I agree to donate the full amount of the proceeds, as stipulated in this proposal, the Foundation within 60 days following the event.

Signature of Event Applicant: _____ **Date:** _____

PLEASE EMAIL TO gillian@childhoodcancer.ca OR FAX TO 416-489-9812

Acknowledgement of your application will be forwarded to you within 10 business days.