

# Childhood Cancer Foundation Event Application Form

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## 1) Donor Information

Date of proposal: \_\_\_\_\_

Name of group/company/individual planning the event: \_\_\_\_\_

Name of individual responsible: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel. Business: \_\_\_\_\_ Tel. Home: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Event name: \_\_\_\_\_ Event date(s): \_\_\_\_\_

Event location & address: \_\_\_\_\_  
\_\_\_\_\_

Briefly describe the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 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 Foundation:** \_\_\_\_% \$ \_\_\_\_\_

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 Mary Lye, Director of Marketing & Communications at 416-489-6440 ext. 219.

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

Signature of Event Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please FAX to 416-489-9812**

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

**THANK-YOU**