

Event Proposal Form

Thank you for choosing to support Community Care as you plan your upcoming event!

If you wish to host an Independent Fundraising Event to benefit Community Care, we request that you complete and submit this Event Proposal Form for approval 60 days prior to your event by email, mail or fax. This will help clearly establish the parameters and expectations for all parties.

Privacy Statement - We respect your privacy. Community Care Peterborough collects your personal information in order to process your request to organize a fundraising event for the organization.

Contact Information

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Email: _____ Website: _____

Event Information

Event Name: _____ Dates: _____

Location: _____

Choose One:

_____ Agency-wide Initiative (to benefit clients throughout the City and County of Peterborough)

_____ Funds raised are to benefit _____ Community Office clients.

Event Description: _____



Empowering you to live at home
in the City and County of Peterborough

185 Hunter Street East
Peterborough, ON K9H 0H1
Admin: 705.742.7067
Admin Fax: 705.745.6011
Admin Email: centofc@commcareptbo.org

Community Champion Event

Financial Information

Anticipated Gross Revenue: \$ _____

Source(s) of Income: (i.e. ticket sales, sponsorships, auction, etc.) _____

Anticipated Corporate Sponsor(s): _____

Anticipated Expenses: _____

Types of Expenses: (i.e. printing, food, location, etc.)

Will you be engaging in any gaming activities?

Expectations of Community Care

Please describe any support you would need from Community Care. (e.g. Volunteers/representative, Promotions – press release, etc.)

In order for us to fulfill your requests for support, we strongly suggest you provide 60 days' notice.

Marketing/Publicity Information

How will you promote your fundraising event? _____



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Community Champion Event

Terms and Conditions – Event Proposal Guidelines

Community Care has a set of guidelines that we ask all individuals and organizations to follow when fundraising on Community Care's behalf:

1. The Community Care name and/or logo cannot be used to promote a fundraising event without prior approval by Community Care. All approved fundraising events should submit copies of print materials, which include the Community Care logo/name prior to printing.
2. Community Care asks that you do not organize a fundraising event that includes lotteries, gambling, raffles or drawings without first discussing it with Community Care. Any fundraiser that requires any type of license should first be discussed with and approved by Community Care.
3. Keep accurate accounts of your event. Community Care will not be responsible for any expenses incurred.
4. The fundraising event activity should be one that does not conflict with the mission of Community Care (if unclear, contact Community Care).
5. Your fundraising event should not conflict with an existing Community Care fundraising event.
6. All funds and financial accounting must be submitted to Community Care no later than 30 days after the event.

I have read and agree to follow Community Care's Event Proposal Guidelines.

X _____
Signature

Date

Print Name

Print Title

Thank you for submitting your completed Event Proposal Form. It will be reviewed upon receipt and you will be contacted by Community Care within five working days.

Please forward this completed and signed form to: Catherine Pink cpink@commcareptbo.org