

## **Third Party Event Proposal Form**

Name:	Contact Name:
Address:	City:
Province: Postal Code:	Work Phone:
Home Phone:	Cell Phone:
*Email:	
Event Information	
Name of Event:	
Event Date:	Start Time: End Time:
Venue (Name and/or Address):	
Briefly describe the nature of the event:	
Is this the first year of the event? Yes 🗌 No	Past beneficiary:
What is the projected attendance of the event?	
What is your financial goal (i.e. funds raised)? )	
*Please note, Niagara Children's Centre is not able to provide any financial assistance to cover costs as a result of your event. All expenses incurred must be paid by the individual or from the revenue generated by your event.	
Will other charities be benefitting from the event? Yes 🗌 No	
If Yes, which charities?	
How will you promote and/or market your event (i.e. website, social media, etc.)?	
What support do you require from Niagara Children's Centre?	
Pull-Up Banner Brochures/Annual Reports	s 🗌 Outdoor banner 🗌 Donation forms/envelopes
Tax Receipts* Access to online fundraising resources (peer to peer)	
A representative of the Centre at the event	To provide remarks
Other:	
*Tax receipts will be issued according to Canada Revenue Agency guidelines at the discretion of Niagara Children's Centre. In general, donated prizes and in-kind services are not eligible for receipts. See Appendix D.	

niagarachildrenscentre.com You Tube 567 Glenridge Avenue, St. Catharines, ON L2T 4C2 | (905) 688-3550 Charitable Registration Number: 12342 8799 RR0001 Please explain why you chose Niagara Children's Centre to be the recipient of your event.

Comments/Questions?

Agreement:

I, \_\_\_\_\_\_, agree that all use of Niagara Children's Centre's name and logo must be approved by a Centre representative prior to use. I agree that the information in this form is the best representation of the event I/we plan on organizing on behalf of Niagara Children's Centre and I agree to donate the full amount of designated proceeds raised within 90 days of the event date, unless otherwise agreed upon.

Signature of Applicant

Date

## Thank you for Helping Kids Shine!