



Third Party Special Events Form

Name of Group/Organization planning event: _____

Name of Individual(s) in charge of event: _____

Mailing Address: _____

City/State/Zip _____

E-mail Address: _____ Phone Number: _____

Name of Event: _____ Date/Time of Event: _____

Location of Event: _____ City/State/Zip: _____

Event is: Open to Public Invitation Only Ticket Price: \$ _____ Table Price: \$ _____

Has this event taken place before: Yes No If so, when? (Date) _____

Estimated revenue of event: _____ Estimated Expenses: _____

Estimated contribution to Hospice: _____

Briefly describe the event and the fundraising components (ticket sales, table sales, raffle, auction, sponsors, etc.)

Would you like someone from Hospice to present at your event? Yes No

Do you plan to use the Hospice logo in any of your promotional material? Yes No

If yes, please provide designer's email address: _____

Will you need Hospice brochures? Yes No How many? _____

Will all net proceeds go to Hospice? Yes No

If no, list additional beneficiaries: _____

Signature: _____ Today's Date: _____

Please fill out and fax to attention of Laurie Barr, Community Support Services Supervisor or email to labarr@hospicecareinc.org

APPROVED: _____ Date: _____