



## 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](mailto:labarr@hospicecareinc.org)*

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_