



Third Party Event Proposal Form

To register your third party event to benefit Hospice Care Ottawa, please complete this form and submit it to the Fund Development Office. Applications must be approved by Hospice Care Ottawa prior to advertising or holding the event.

Group/Individual Planning Event _____

Name of Person Responsible for the Event _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business Phone _____

Cell Phone _____ Fax Number _____

E-mail Address _____

Please select a category that best describes your group/organization :

- Business School Community Service Club Other

About the Event Open to the public By invitation only

Name of Event _____

Date of Event _____ Time of Event _____

Location of Event _____

Target Market (i.e. group members, general public, family) _____

Estimated Number of Participants _____

Is this event : One Time Annual Ongoing

Has this event taken place before? Yes No If so, when? _____

What benefits do you see going to Hospice Care Ottawa as the result of this event?

Will any other charity receive proceeds from the event? Yes No

If yes, who and how are the proceeds to be divided?

Do you have a Promotions Plan? If so, please outline. (This includes the use of newspapers, radio, posters, flyers, etc. Please attach any samples to the application).

How and where will you use Hospice Care Ottawa's name and logo? (All publicity for the event must be approved by Hospice Care Ottawa prior to being printed/released)

What is your Cancellation Plan?

Event Budget

Please attach a copy of your proposed budget which lists expenses and revenues. *All expenses are to come out of the proceeds or to be paid directly by the event organizer(s).*

What is your projected income from the event? **Gross** _____ **Net** _____

Are there other ways that you will be generating income not listed above in your event plan?

Sources of revenue : Ticket Sales Raffle Live/Silent Auction Cash Donations
 Sponsorships Pledges Merchandise Sales Other

Event Agreement

By naming Hospice Care Ottawa as the beneficiary of a third party event, I/we are required to donate the full amount (or partial amount as approved by Hospice Care Ottawa) raised on Hospice Care Ottawa's behalf. By signing below, I/we agree that Hospice Care Ottawa will receive a final income/expense report and the proceeds from the event within 30 days following the event.

By signing below, I/we have read, understood and agree to adhere to Hospice Care Ottawa's Third Party Event Policy.

Signature of Applicant(s) : _____ **Date :** _____

Please return this form and attachments by :

Mail : Hospice Care Ottawa, Fund Development Office, 114 Cameron Avenue, Ottawa, ON K1S 0X1

Fax : 613.260.5510

E-mail : martha.beltran@hospicecareottawa.ca

For questions concerning Hospice Care Ottawa's Third Party Event Policy or Event Proposal Form, please contact the Fund Development Office at 613.260.2906 ext. 232

Thank You for Helping to Provide Comfort When it Matters Most.

For Office Use :

Date Application Received _____ **Date Acknowledgement Sent** _____

Approved/Declined By _____ **Date Approved/Declined** _____