

# Independent Community Event Application

Thank you for considering Richmond Hospital Foundation as the beneficiary of your fundraising event. Please complete this form and mail or fax it to:

**Richmond Hospital Foundation**  
7000 Westminster Highway, Richmond BC V6X 1A2  
Email: info@richmondhospitalfoundation.com  
Phone: 604.244.5252 Fax: 604.244.5547

We will review your application and, once the event has been approved, return a signed copy of the attached agreement form.

**\*Please note: Approval from Richmond Hospital Foundation is required *before* you can begin publicizing or hosting your event.**

## CONTACT INFORMATION

Company/Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Business): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please select the category that best describes you:

- Corporation     School     Community Group     Service Club     Individual

## EVENT INFORMATION

Name of Event: \_\_\_\_\_

Type of Event:     One-time     Annual     On-going

Date of Event: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_  
(If applicable)

Time of Event: \_\_\_\_\_

Location and Address of Event: \_\_\_\_\_

## EVENT INFORMATION

Details of event: (Briefly describe the event and how the funds will be raised)

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Will your event be ticketed?    Yes    No   If yes, what is the ticket cost? \_\_\_\_\_

How can participants purchase tickets? \_\_\_\_\_

Estimated Revenues:	Sponsorship	\$	_____
	+ Ticket Sales	\$	_____
	+ Donations	\$	_____
	- Costs	\$	_____
	<b>= Total Revenue</b> (Donation Amount to Foundation)	\$	_____

What inspired you to host this event?

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## PUBLIC RELATIONS INFORMATION

Will your event be publicized?    Yes    No

If yes, briefly describe the proposed publicity plan for the event/program:

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## REQUESTED SUPPORT

Please indicate if you require any of the following promotional tools from the Foundation:

- |   |   |
|---|---|
| <input type="checkbox"/> Use of Foundation logo                                     | <input type="checkbox"/> Foundation signage   |
| <input type="checkbox"/> Social media support<br>(based on timing and availability) | <input type="checkbox"/> Donation form  |
| <input type="checkbox"/> Foundation/Hospital Fact Sheet                             | <input type="checkbox"/> Event listed on Foundation Events web page<br>(based on timing and availability) |

**In order for us to fulfill your request for support, three weeks notice should be given prior to the start of the event/campaign.**

**Please note: all materials featuring the name and/or logo of Richmond Hospital Foundation must be approved by the Foundation before publication.**

## Agreement for Independent Community Event benefiting Richmond Hospital Foundation

**The Event Organizer agrees:**

- To use only the authorized name and/or logo of Richmond Hospital Foundation
- To handle any monetary transactions and to present the proceeds to Richmond Hospital Foundation within 30 days following the event
- To organize the event to its entirety including but not limited to the production, marketing, ticketing or staffing and volunteers for the event
- To obtain all necessary permits, licenses or insurance
- To follow all the receipting policies of Richmond Hospital Foundation outlined by the Canada Customs and Revenue Agency (further information can be provided upon request)
- To contact Richmond Hospital Foundation at least 2 weeks prior to the event, if the event is cancelled

**Richmond Hospital Foundation (RHF) agrees:**

- To have a representative available for a cheque presentation at an agreed upon time and location

**Richmond Hospital Foundation (RHF), is not able to:**

- Fund, reimburse or issue tax receipts on event expenses
- Provide mail/email lists such as donor lists and hospital staff lists
- Apply for gaming licenses/liquor licenses
- Participate in events that involve telemarketing and/or an agreement to raise funds on a commission, bonus or percentage basis
- Participate in events that involve promotion of a political party, candidate or appearing to endorse a political activity

*To ensure that all associated events are in alignment with the Foundatin Core Values, the Richmond Hospital Foundation reserves the right to withdraw participation at any time and will not assume any legal or financial liability.*

*In keeping with our Fiscal Responsibility Policy, 5% of your designated donation will be directed towards supporting the on-going operations of Richmond Hospital Foundation.*

**By signing this agreement, the Event Organizer acknowledges having read this agreement and understands that this agreement is binding on both parties and the organizations they represent.**

**Event Organizer**

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

**Richmond Hospital Foundation**

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

**Contact:**

Verna Yu (余樂明)  
 Associate Director, Special Events  
 604.244.5145 | verna.yu@vch.ca