



### **Event Proposal Form**

Thank you for planning a fundraiser to benefit The Richmond Hospital Foundation.  
Please fill out this form and mail or fax it to:

The Richmond Hospital Foundation  
7000 Westminster Highway  
Richmond BC V6X 1A2  
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. If you have any questions about this application or the agreement, please call the foundation office at 604-244-5252.

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

#### **Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Please select the category that best describes you:

Corporation    School    Community    Service Club    Individual

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

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

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

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



### Event Information

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

Type of Event:       One-time       Annual       On-going

Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What inspired you to host this event? (e.g. connection to the Richmond Hospital):

\_\_\_\_\_  
\_\_\_\_\_

### Proposed Budget

*All expenses must be paid from the revenue generated from your event*

Total Expected Income:	(e.g. donations, auction, tickets sales, etc).	\$	_____
Expenses:	(e.g. rentals, food and beverages, printing, advertising, etc.)	\$	_____
Anticipated Net Proceeds:		\$	_____
Amount/Percentage of Net Proceeds:	(to be given to the Richmond Hospital)	\$ / %	_____

**To keep the costs down, please submit money raised in the form of one cheque along with a copy of the event agreement form outlining the name and date of the event.**



### Public Relations Information

Briefly describe the proposed publicity plan for the event/program:

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Will promotional materials, such as flyers, be printed?  Yes  No

If Yes, please indicate the distribution and date(s) of release:

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Does your organization plan on using the name of the foundation in your promotional materials?  Yes  No

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

### Support Provided by the Richmond Hospital Foundation:

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

- DVD introducing the foundation and major campaigns
- The Richmond Hospital Foundation Fact Sheet
- Donation Form
- Event listed on Richmond Hospital Foundation Community Events web page (based on space and lead time). Please complete the following:

Event Organizer:

Event Calendar Description:

Contact Phone:

Event's Website:

Contact E-mail:

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



### **Special Event Agreement**

The Event Organizer agrees:

- To use only the authorized name and/or logo of the Richmond Hospital Foundation
- To handle any monetary transactions and to present the proceeds to the Richmond Hospital Foundation within 30 days following the event.
- To provide staffing and volunteers for the special event
- To use its own mailing list for the special event
- To obtain all necessary permits, licenses or insurance
- To follow all the receipting policies as outlined in the receipting section by the Canada Customs and Revenue Agency
- To contact the Richmond Hospital Foundation at least 1 week prior to the event, if the event is cancelled
- To send complimentary tickets or admission to guest attendees from the Richmond Hospital Foundation when invite to speak or attend the event

The Richmond Hospital Foundation agrees:

- To have a representative be available for a cheque presentation at the event (if appropriate)
- To issue tax receipts if applicable

The Richmond Hospital Foundation, however, cannot:

- Fund or reimburse event expenses
- Mail/email lists such as donor lists and hospital staff lists
- Promote or advertise the event
- Guarantee attendance of staff or volunteers
- Apply for gaming licenses
- Participate in events that involve professional fundraiser, 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

*\*The Richmond Hospital Foundation reserves the right to withdraw at any time and will not assume any costs that may be involved in doing so. The Foundation will not assume any legal or financial liability, or is responsible for any damage, accidents to persons or property.*

By signing this Special Event 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: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Richmond Hospital Foundation**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_