

Squamish Hospital Foundation Community Event Proposal Form

Thank you for thinking of the Squamish Hospital Foundation for your fundraising. If you (or your organization) would like to host a Community Fundraising Event to benefit the Squamish Hospital Foundation, we request that you submit a completed proposal to the Foundation for approval. Please email this form to squamishhospitalfoundation@gmail.com

Contact Information

Name of Organization (if applicable): _____

Please select the category that best describes you:

Corporate School Community Service Club Individual Other

Name of contact person: _____

Mailing Address: _____

City: _____

Contact Phone #: _____

Email: _____

Event Information

Event Name: _____

Event Date: _____ Event Location: _____

What inspired you to hold this event? _____

Please describe your event and how the funds will be raised (i.e. ticket sales, raffle, auction)

Please briefly describe the proposed publicity plan for the event (posters, newsprint, radio, etc.):

Financial Information

Please provide us with your best estimate of the following general budget information:

Total Expected Revenue: \$ _____ Expenses: \$ _____

Anticipated Net Revenue \$ _____

Amount/ Percentage of Net Revenue to be given to the SHF: _____

Date contribution is expected: _____

Area of Designation, Please choose one of the following:

General Fund

Palliative Care

Education

CAAT Scan

Hilltop House

Support Provided by the Squamish Hospital Foundation

Please indicate which of the following you would like to receive:

- | | | |
|---|---|--|
| <input type="checkbox"/> Donation Forms | <input type="checkbox"/> Use of logo | <input type="checkbox"/> Squamish Hospital representation at event (based on availability) |
| <input type="checkbox"/> SHF Banner | <input type="checkbox"/> Promotion on Foundation facebook page and/or website | <input type="checkbox"/> Formal Cheque Presentation |
| <input type="checkbox"/> SHF 10x10 tent | | |
| <input type="checkbox"/> SHF Postcards | | |

Agreement for Community Fundraising Event benefiting the Squamish Hospital Foundation

I, _____ agree to organize and implement an Independent Fundraising Event on _____ (date) to benefit the Squamish Hospital Foundation.

The event shall be described and referred to publicity as follows:

Please check to indicate you have read the following statements:

- The organizer agrees to use only the authorized name and/or logo of the Squamish Hospital Foundation in any media and printed materials relating to their event and agrees to submit all copy to the Squamish Hospital Foundation for written permission before production or use.
- No cost or liability associated with this event shall be incurred by the Squamish Hospital Foundation.
- The organizer agrees to handle all monetary transaction for the special event and to present the net processed to the Squamish Hospital Foundation within 2 months of the event.
- The organizer agrees to provide all staffing and volunteers for their event.
- The organizer agrees to use its own mailing list for the special event.
- The organizer will obtain all necessary permits, licences and insurance.
- Event expenses may not be paid from tax-receiptable donations. All donations requiring a tax receipt must be received in full and made payable to the Squamish Hospital Foundation.
- If there is to be any gaming activities at your event (i.e. raffle, bingo or 50/50 draw), a gaming licence is required by law. The licencing process may take up to 10 days to complete. Applications can be made online at www.pssg.gov.bc.ca/gaming. Please contact the gaming office at 1.800.663.7867 to discuss your gaming proposal prior to applying.
- The organizer agrees to follow Squamish Hospital Foundation's receipting policies that adhere to the Canada Revenue Agency Regulations. The final decision to issue a tax receipt rests with the SHF.
- If the fundraiser is cancelled, the organizer will notify the Squamish Hospital Foundation prior to the planned event day.

By accepting the terms and conditions set forth in this application, the event organizer clearly understands that they are accepting responsibility for claims that may arise as a result of their event.

Signed: _____ Print Name: _____ Date: _____
(Organizer)

Signed: _____ Print Name: _____ Date: _____
(Squamish Hospital Foundation)