

Date of submission: \_\_\_\_\_

## Third Party Event Application

Name of group/company hosting the event: \_\_\_\_\_

Name of individual(s) responsible: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Business phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Event name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event location and address: \_\_\_\_\_

Briefly provide details of the proposed event: \_\_\_\_\_

### **Proposed budget:**

All costs must be paid from the proceeds of the event or by the event organizer directly. No expenses will be paid by Welland Hospital Foundation or the Niagara Health System - Welland Hospital Site. Please list all of the anticipated expenses and indicate if there are confirmed donations of same.

Location:	\$ _____	Ticket Revenue:	\$ _____	(price/ticket)
Food/beverages:	\$ _____	Sponsorship:	\$ _____	
Printing:	\$ _____			
Advertising:	\$ _____			
Prizes:	\$ _____			
Other (specify):	\$ _____			
Total Expenses:	\$ _____	Total Revenue:	\$ _____	

Total Donation to Welland Hospital Foundation (Revenue - Expenses) \$ \_\_\_\_\_

I have read the attached Third Party Guidelines and agree to follow them with regards to holding the proposed event to benefit Welland Hospital Foundation. By publicly advertising Welland Hospital Foundation as the recipient of the proceeds of this event, I agree to provide the full amount of the proceeds within 30 days of the event.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Welland Hospital Foundation Approval (no event may begin advertising until this application has been approved by Welland Hospital Foundation).

Signature of Foundation Representative: \_\_\_\_\_ Date: \_\_\_\_\_