



# SPECIAL EVENTS PROPOSAL

Approved: \_\_\_\_\_

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

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

## Thank you for thinking of the IWK Foundation.

If you or your organization is planning a special event or program to benefit the IWK Foundation, we'd love to hear about it. Please take the time to register your event or program by completing the following application and returning it to the IWK Foundation for approval.

Please email completed forms to: Daisy Cobden at [daisy.cobden@iwk.nshealth.ca](mailto:daisy.cobden@iwk.nshealth.ca)

## Contact Information

Name/Company/Organization \_\_\_\_\_

Please select the category that best describes you:

Corporation     School     Community     Service Club     Individual

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

Relationship to the organization/title \_\_\_\_\_

Street Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Privacy Statement

The IWK Foundation is committed to protecting the privacy of personal information, in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA). The information collected on this form will be used by IWK Foundation staff only. If you have any questions about our privacy policy, please contact us.

For Foundation use only. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Event / Program Details

The following information is required by the IWK Foundation to evaluate and determine the IWK Foundation's involvement.

**Please note:** a special event proposal must be approved and an agreement signed by an IWK Foundation representative and the applicant prior to publicizing or holding the event on the IWK Foundation's behalf.

Name of Event/Program \_\_\_\_\_

Date of Event/Program \_\_\_\_\_

Type of Event/Program  One-Time  Annual  Ongoing

Location of Event / Program \_\_\_\_\_

Address \_\_\_\_\_

### Target Audience

Family/Friends  Members  Customers  General Public  Employees / Staff

Expected Attendance \_\_\_\_\_

Briefly describe your Event / Program \_\_\_\_\_

Will the event/program be managed by a professional agency?  YES  NO

If yes, please indicate the name of the agency \_\_\_\_\_

Will any other charitable organizations benefit from this event/program?  YES  NO

If yes, please list the other beneficiaries \_\_\_\_\_

Will you be approaching sponsors for the event / program?  YES  NO

If yes, please list the organization and businesses you intend to approach

### How will funds be raised?

Pledges  Donations  Ticket Sales  Product Sales  Auction: Silent/Live/Online

**Gaming events:** A gaming license is required by law. The IWK Foundation will be happy to provide you with the necessary paperwork required to obtain your permit. (Check one)

Raffle  50 / 50  Bingo  Other

## Public Relations Information

Briefly describe the proposed publicity plan for the event / promotion

Will the publicity be handled by a professional agency?  YES  NO

If yes, please indicate the name of the agency \_\_\_\_\_

Will promotional materials, such as flyers and posters, be printed?  YES  NO

If yes, please indicate the extent of distribution and dates of release \_\_\_\_\_

Does your organization plan on using the NAME of the IWK Foundation in your printed materials

and in your publicity?  YES  NO

Does your organization plan on using the LOGO of the IWK Foundation in your printed materials

and in your publicity?  YES  NO

Please note: All materials featuring the name and/or logo of the IWK Foundation must be approved by the IWK Foundation before publication.

**Projected Financial Information** Total expected income: A \$ \_\_\_\_\_

Total expected expenses: B \$ \_\_\_\_\_

Anticipated net proceeds: A - B = C \$ \_\_\_\_\_

All event / program proceeds will be given to the IWK Foundation

A portion of the event / program proceeds will be given to the IWK Foundation

Amount of net proceeds to be given to the IWK Foundation: % \_\_\_\_\_ \$ \_\_\_\_\_

How will the proceeds be sent to the Foundation?  Cash  Cheque

Please submit the donation in the form of a cheque accompanied by a copy of the event agreement form or a letter. If there are pledge forms from your event, please send one cheque for the total along with the pledge forms so we can issue receipts.

## Support Provided by the IWK Foundation

How can we help ensure that your event / program is a success? Using the list below, please choose which of the following tools will be most helpful to you:

- |   |   |                              |
|---|---|------------------------------|
| <input type="checkbox"/> Logo                             | <input type="checkbox"/> EPS  | <input type="checkbox"/> JPG |
| <input type="checkbox"/> IWK Foundation Video             | <input type="checkbox"/> Vimeo link   | <input type="checkbox"/> DVD |
| <input type="checkbox"/> IWK Foundation Banner            | We ask that banners be signed for prior to release. The signing party will be held responsible for all replacement costs should the banner be lost, stolen, or damaged. |                              |
| <input type="checkbox"/> Social Media Support             |   |                              |
| <input type="checkbox"/> IWK Posters                      | Quantity  | _____                        |
| <input type="checkbox"/> IWK Thermometer                  | Quantity  | _____                        |
| <input type="checkbox"/> IWK Stickers                     |   |                              |
| <input type="checkbox"/> English                          | Quantity  | _____                        |
| <input type="checkbox"/> French                           | Quantity  | _____                        |
| <input type="checkbox"/> IWK Coin Boxes                   | Quantity  | _____                        |
| <input type="checkbox"/> Paper Icon (to sell and display) |   |                              |
| <input type="checkbox"/> English                          | Quantity  | _____                        |
| <input type="checkbox"/> French                           | Quantity  | _____                        |
| <input type="checkbox"/> IWK Foundation Representative    |   |                              |

If you would like an IWK Foundation representative to attend your event, please let us know. Although we cannot commit to volunteering during the event / program, we would be more than happy to say a few words of thanks or to participate in a cheque presentation. We receive many requests of this nature, and as a result, cannot always guarantee our availability. However, every effort will be made to meet your requirements.

Date \_\_\_\_\_ Location \_\_\_\_\_

Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

Briefly describe what will be required of the IWK Foundation Representative:

**After submitting this application, please allow two weeks for processing.** You will be contacted once a decision has been reached regarding the IWK Foundation's involvement in your event/program.

# THANK YOU!