



# COMOX VALLEY HOSPICE SOCIETY

*Friends for Life*

## THIRD-PARTY EVENT APPLICATION FORM

### CONTACT INFORMATION

Group/Organization Planning Event

Main Contact Person: Dr Mr Mrs Miss Ms  
*(circle one)*

Mailing Address

City

Province

Postal Code

Email Address

( )

( )

( )

( )

Home Phone

Business Phone

Cell Phone

Fax Number

Please select a category that best describes your group/organization:

Corporation

School

Community

Service Club

Individual

### EVENT INFORMATION

Name of Proposed Event *(referred to publicly as...)*

Event Date & Time

Event Location

Expected Number of Participants

Address

City

Postal Code

Type of Event:  One-time  Ongoing

Workshop  Social Function  Other

What inspired you to hold this event?

Will there be:  Food  Beverages  Alcohol  Entertainment  Fireworks

Will any other charities receive proceeds from the event?  Yes  No

If yes,  
who:

### EVENT REVENUE

Briefly describe the event and how funds will be raised:



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Source(s) of revenue:  Ticket Sales  Raffle  Live/Silent Auction  Cash Donation  
 Registration  Sponsorship  Pledges  Merchandise Sales  Other: \_\_\_\_\_

What is your projected revenue (after expenses are deducted)? \_\_\_\_\_

For information on tax receipting, please contact Comox Valley Hospice Society.

**Please note all solicitations for the event must be made solely on behalf of the group/organization/individual planning the event (not on behalf of CVHS) indicating that event proceeds will benefit Comox Valley Hospice Society. Only organizations/individuals directly specifically named and authorized by CVHS may solicit directly on behalf of CVHS.**

#### EVENT PROMOTION

Do you plan to use Comox Valley Hospice Society's Name and logo in your event promotion?  Yes  No

*Please note that Comox Valley Hospice Society must approve any and all name and logo usage and have final approval prior to printing.*

What kind of Comox Valley Hospice Society promotional materials will be required?

Brochures  Poster  Display Screens  Website  Other: \_\_\_\_\_

#### EVENT AGREEMENT

The Event Organizer agrees to:

- Portray a positive, credible public image on behalf of Comox Valley Hospice Society while conducting all activities (related to this event);
- Obtain all necessary permits, licenses or insurance and provide copies to Comox Valley Hospice Society as requested;
- Abide by the Canada Revenue Agency (CRA) guidelines regarding the issuance of charitable tax receipts;
- Obtain prior authorization from Comox Valley Hospice Society for the use of its name and logo in any and all media and print materials and/or media releases related to this event;
- Handle any monetary transactions, and present the proceeds to Comox Valley Hospice Society within 60 days following the event;
- Submit the complete name, addresses and donation information to Comox Valley Hospice Society so that tax receipts may be issued (*Without this complete information receipts will not be issued*);
- Provide staffing and volunteers for the event;
- Use its own mailing list for the special event;

**Comox Valley Hospice Society shall not incur any cost or liability associated with this event. The Society reserves the right to withdraw the use of its name and logo at any time. Comox Valley Hospice Society agrees to recognize the event in accordance with its donor recognition policies.**

*If the event is cancelled the event organizer will notify Comox Valley Hospice Society immediately and prior to the original event day.*

\_\_\_\_\_  
Signature of Event Organizer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Comox Valley Hospice Society

\_\_\_\_\_  
Date