



## EVENT PROPOSAL FORM

Save the Children Canada must approve your application in order to use the organization's name or logo.  
Please email, fax, or mail this form to the attention of the Coordinator, Community Affairs.

ORGANIZER (GROUP AND/OR MAIN CONTACT): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF PROPOSED EVENT: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

TIME: \_\_\_\_\_ VENUE/LOCATION (NAME AND ADDRESS): \_\_\_\_\_

\_\_\_\_\_

SOURCE OF DONATION TO SAVE THE CHILDREN CANADA : \_\_\_\_\_

(TICKET SALES GROSS OR PERCENTAGE OF PROFIT, ETC.)

SPONSORS (IF ANY): \_\_\_\_\_ ESTIMATED PROMOTER PROFIT: \_\_\_\_\_

ANTICIPATED EXPENSES: \_\_\_\_\_ ESTIMATED DONATION: \_\_\_\_\_

(ATTACH DETAILED BUDGET IF NEEDED)

(TO SAVE THE CHILDREN CANADA)

- Does the planning group agree Save the Children Canada will receive final revenues from the event within 60 days of the event?

☐ YES

☐ NO

- Does the planning group understand and agree that Save the Children must approve all publicity for the proposed event prior to being released, printed, etc?

☐ YES

☐ NO

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### SAVE THE CHILDREN CANADA'S USE ONLY:

DATE APPROVED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_