

Community Fundraising Event ProposalForm

If you would like to support Big Sisters BCLM with a Third Party Fundraising Event, please fill out the form below and return to mweinstein@bigsisters.bc.ca or fax to 604-873-2122

CONTACTINFORMATION

Name of Person, Group, or	Company Planning Event:
Contact Name:	Contact Phone:
Contact Address:	
Postal Code:	Contact Email:

EVENT INFORMATION

Name of Proposed Event: Date and Time of Event: Event Location (Name and Address): Expected Number of Attendees: Type of event: □One-time □ Ongoing □ Annual Who is your target market? □ Family/ Friends □Members Customers □ What inspired you to hold this event?

Customers General Public

Description of Event & How Funds Will Be Raised (ticket sales, raffle, sponsorship, auction, pledges etc,):

Would you like a Big Sisters BCLM representative to attend the event? □Yes □No
If yes, what involvement will they have? Please note this is subject to availability.
□ Speech □ Cheque Presentation □Press Conference □ Other:
□ Additional details:

FINANCIALS

Fundraising Goal: \$ Projected Gross Revenue (after expenses are deducted): \$ Will all of the net proceeds be donated to BS BCLM? □Yes □No □Other: Will tax receipts be required? □Yes □No

PROMOTION

Would you like to use the Big Sisters BCLM logo on your event promo material?□ Yes □No *Please note Big Sisters BCLM must approve any and all name and logo usage, and have final approval prior to printing.* What kind of promotional materials will be created?

Brochure	Poster	Tickets	Website	□Other:

ACKNOWLEDGMENTS

I acknowledge that Big Sisters BCLM reserves the right to withdraw its name from the event at any time. I acknowledge that I have read and understand the information contained in this Third Party Event Package and will adhere to all of Big Sisters BCLM Fundraising Guidelines.

Applicant Name: Applicant Signature:	Date:	
BS BCLM Staff Name	BS BCLM Staff Signature	Date
For Big Sisters BCLM Use Only:		
Approved By (Print):	Initial:	Date: