



Third Party Event Proposal Form

Contact Information

Name of Contact/Organization/Group: _____

Name of Primary Contact: _____

Phone: _____ Cell: _____

Email: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Event Information

Event Name: _____

Type of Event (Golf tournament, shopping event etc): _____

Anticipated Event Date: _____ Time: _____

Event Location: _____

Address: _____

City: _____ Estimated Number of Attendees: _____



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Please describe your event and how the funds will be raised (i.e. ticket sales, raffle, auction, pledges, online fundraising, proceeds from sales, etc.). Use additional sheet if needed.

Financial Information

Please provide us with your best estimates of the following general budget information.

Anticipated Gross Revenue	Anticipated Expenses	Anticipated Net Revenue
\$ _____	\$ _____	\$ _____

Is revenue being shared with other organizations? YES NO

If yes, please indicate which other organizations will be involved and what percentage will benefit the Nanny Angel Network.

Organizations: _____

Percentage of Revenue: Less than 25% 25% to 49% 50% to 74% 75% to 100%

Will supporters expect tax receipts for their contribution to your fundraising activity**?

YES NO

***Please review the tax receipt section in the document entitled "Third Party Event Guidelines & Requirements" to ensure eligibility.*



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Support Provided by the Nanny Angel Network

Please indicate if you would like the Nanny Angel Network to provide:

Informational Brochures One Pager Sell Sheets Donation Forms

Would you like your fundraiser listed on our online events calendar?

YES NO

Will promotional materials, such as flyers, posters or advertisements be printed**?

YES NO

*** Please note: All promotional materials to be developed using the Nanny Angel Network name or logo must be approved by the Manager, Marketing, Communications & Events. Please submit all materials for approval to marketing@nannyangelnetwork.com*

I agree that all information contained in this form is accurate to the best of my knowledge and I will work with the intentions to support Nanny Angel Network in its mission to lessen the impact of cancer on families.

Signature: _____ Date: _____

Please submit this form, along with the signed Third Party Event Guidelines & Requirements document to the Nanny Angel Network. It will be reviewed by the Nanny Angel Network and we will contact you with approval or additional questions.

THANK YOU FOR YOUR SUPPORT!

NANNY ANGEL NETWORK APPROVAL:

Signature: _____ Print Name: _____ Date: _____