

# EVENT PROPOSAL FORM

**Date of Application:** \_\_\_\_\_

**Please note:** Applications must be approved by the Toronto General & Western Hospital foundation (TGWHF) prior to publicizing or holding an event.

## Event Planner Details

Group/Company Planning Event \_\_\_\_\_

Name of Individual Responsible \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home  Work

Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Event Details

Name of Proposed Event \_\_\_\_\_

Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Event Venue \_\_\_\_\_

Address \_\_\_\_\_

Type of event  A-thon  Gala  Auction  Sporting Event/Tournament  Other

How many people do you expect to attend the event? \_\_\_\_\_

Briefly describe the event and how the funds will be raised:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Proposed Budget

All costs to come out of event proceeds or to be paid directly by the event organizer. Please estimate all revenue and expenses. Indicate items you expect to be donated (if any).

<u>Revenue</u>		<u>Expenses</u>	
Sponsorship	\$ _____	Venue	\$ _____
Registration Fees	\$ _____	Food & Beverage	\$ _____
Ticket Sales	\$ _____	Advertising	\$ _____
Donations	\$ _____	Security	\$ _____
Ancillary Fundraising (silent auction, raffle etc.)	\$ _____	Printing (tickets, posters, etc.)	\$ _____
		Prizes	\$ _____
<b>TOTAL REVENUE</b>	<b>\$ _____</b>	License Fees	\$ _____
		Other (please specify)	\$ _____
<b>NET PROCEEDS to benefit TGWHF</b>	<b>\$ _____</b>	<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

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Do you agree that TGWHF will receive all revenues from the event within 30 days of the event?  YES  NO

Do you understand and agree that all publicity for the proposed event must be approved by TGWHF prior to being released, printed, etc.?  YES  NO

Do you require a member (s) of the Foundation staff to assist or speak at your event?  YES  NO

Would you like the funds raised designated to a specific program or area within the Toronto Western Hospital or the Toronto General Hospital?  YES  NO

Please indicate where: \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return completed form to: **Toronto General & Western Hospital Foundation**  
**R. Fraser Elliot Building, 5S-801**  
**190 Elizabeth Street , Toronto, Ontario M5G 2C4**  
 Tel: 416-340-3935 Fax: 416-340-4864  
 Email: Foundation@uhn.on.ca Web: www.tgwhf.ca

*Thank you for supporting Toronto General Hospital and Toronto Western Hospital  
 Your generosity is greatly appreciated*

**FOR FOUNDATION USE ONLY**

Date approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Charitable Organization No. 12386-4068 RR0001

