



Third Party Event Form

Thank you for completing this form and sharing it with the Foundation. Completed forms must be received by the Foundation prior to advertising or holding the event.

Group/Individual Planning Event

Name of Person Responsible for the Event

Mailing Address

Town/City

Province

Postal Code

Email Address

Home Number

Business Number

Cell Number

Fax Number

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

Business School Community Service Club Other _____

About the Event

Open to the public

By invitation only

Name of Event

Date of Event

Location of Event

Time of Event

Target Market (i.e. group members, general public, family)

Estimated # of Participants

Is this event: One Time Annual Ongoing

Has this event taken place before? Yes No If so, when? _____

What benefits do you see to going to the Spirit of the North Healthcare Foundation as the result of this event?

Will any other charity receive proceeds from the event?

Yes

No

If yes, who and how are the proceeds to be divided?

Do you have a Promotions Plan? If so, please outline. (This includes the use of newspapers, radio, posters, social media, flyers etc. Please attach any samples to the form).

How and where will you use the Foundation's name & logo? (All publicity for the event must be approved by the Foundation prior to being printed/released).

What is your Cancellation Plan? _____

Event Budget

Please attach a copy of your proposed budget which lists expenses and revenues. All expenses are to come out of the proceeds or to be paid directly by the event organizer(s).

What is your projected income from the event? **Gross:** _____ **Net:** _____

Are there other ways that you will be generating income not listed above in your event plan?

Source(s) of revenue: Ticket Sales Raffle Live/Silent Auction Cash Donation
 Sponsorship Pledges Merchandise Sales
 Other If Other, please describe: _____

Is a BC Gaming Licences required for this event? Yes No

If yes, who is responsible for acquiring the licence(s) and management of the licence(s)?

If there are ticket sales, do you require that Spirit of the North sell tickets out of their office? Yes No

**** Please note that all ticket sales that go through the Foundation are subject to a 5% fee****

Expectations of Spirit of the North Healthcare Foundation:

Expectations of Third Party Group:

Where would you like the donated funds applied to:

Where most needed.

To a specific area of care (please specify): _____

Any other essential details:

Event Wrap-Up Plan - Presentation of Funds to Spirit of the North:

Event Agreement

By naming the Spirit of the North Healthcare Foundation as the beneficiary of a third party event, I/we are required to donate the full amount (or partial amount as approved by the Foundation) raised on the Foundation's behalf. By signing below, I/we agree that the Spirit of the North Healthcare Foundation will receive a final income/expense report and the proceeds from the event within 30 days following the event. I/we agree that any ticket sales that go through the Spirit office are subject to a 5% fee.

By signing below, I/we have read, understood and agree to adhere to the Spirit of the North Healthcare Foundation's Third Party Event Policies.

Signature of Applicant(s): _____ **Date:** _____

Please return this form and attachments by:

Mail: Spirit of the North Healthcare Foundation, 1475 Edmonton St, Prince George, BC V2M 1S2

Fax: 250.565.2595

E-mail: spiritofthenorth@northernhealth.ca

For questions concerning the Foundation's Third Party Event Policies or Event Form, please contact Curtis Mayes at the Foundation Office at 250.565.2372

For Office Use Only:

Date Application Received: _____ **Date Acknowledgement Sent:** _____

Approved/Declined By: _____ **Date Approved/Declined:** _____

Thank You for Supporting Healthcare in the North