

Third Party Fundraising Event Application Form

| Event Name: | | | |
|--|---|-------------------------------|--|
| | Time: | | |
| Location (Address/Facility/Cit | ty): | | |
| Contact Name: | Contact Pho | ne: | |
| Contact Address: | | Postal Code: | |
| Contact Email: | | | |
| | Expected Number of Attendees | | |
| Description: | | | |
| | | | |
| | | | |
| | | | |
| Would you like a SCHC repres | sentative to attend the event (circle one)? Yes | / No | |
| If yes, what involvement will | they have? Please note this is subject to availa | bility. | |
| ☐ Speech ☐ Cho | eque Presentation | ☐ Other: | |
| Additional details: | | | |
| Would you like to use the SCH emailed to you at the above ϵ | HC logo on your event promotional material (ci email address: Yes / No | rcle one)? If Yes, it will be | |
| acknowledge that I have read | erves the right to withdraw its name from the ϵ and understand the information contained in of SCHC's Fundraising Guidelines (page 3 – 4). | - | |
| Applicant Name | Applicant Signature | Date | |
| SCHC Staff Name | SCHC Staff Signature | Date | |

Return form to dmcgonegal@schcontario.ca