**EVENT PROPOSAL FORM**

Name of group or company planning event: Contact person: Title:  Mailing address: Daytime phone: Alternative phone: Fax:  Email:  Briefly describe your organization:

# PLANNING

Name of proposed event: Date: Time: Location:  Briefly describe the event:

Is the event:  Open to the public  By invitation only

Have you formed a committee to help organize this event?  Yes  No Has the event taken place before?  Yes  No

If so, when and who did it benefit? Are there other beneficiaries besides Kentucky Children’s Hospital?  Yes  No

If yes, please explain: Why would you like to do a special event or promotion for Kentucky Children's Hospital?

Do you need assistance with your event from Kentucky Children's Hospital and, if so, what type of assistance do you need?

Do you need a hospital representative at your event?  Yes  No

# FUND RAISING

How will the funds be raised?

Raffle tickets: Yes No Amount: $

Ticket sales: □ Yes □

No Amount:$

Auction: □ Yes □ No Sponsorships: □ Yes □ No Amount:$  Other (please explain):

Who will you solicit? □ Friends □ Clients □ Family □ Other: Estimated total cost of event:

Estimated revenue of event:

Estimated net income of event:

Is your company - or the company of a committee member or participant - able to match the amount you raise? □ Yes □ No

How will you cover costs? □ Proceeds □ Paid by event organizer

Estimated amount to be given to Kentucky Children's Hospital:

I agree that Kentucky Children's Hospital will receive all revenues from the event within 45 days of the event. □ Yes □ No

# MARKETING AND PUBLIC RELATIONS

How will you promote this event?

I would like to use the logo for Kentucky Children’s Hospital on materials promoting this event. I agree to follow the guidelines and logo restrictions given by the UK Health Care and Kentucky Children’s Hospital. □ Yes □ No

I agree that all publicity for the event must be approved by Kentucky Children's Hospital prior to being released, printed, etc.? □ Yes □ No

I understand that staff at the Kentucky Children’s Hospital cannot guarantee coverage of my event by local, regional or national media. Yes

Signature of applicant: Date:

Print name