

## Agreement for Third Party Special Event To benefit Royal Columbian Hospital Foundation

1. \_\_\_\_\_, the **SPONSOR**, agrees to produce a special event on \_\_\_\_\_, to benefit **Royal Columbian Hospital Foundation (RCHF)**.
2. The special event shall be described and referred to publicly as follows: \_\_\_\_\_
3. The **SPONSOR** agrees to submit all copy for advertisements, point of purchase materials and other event-related promotional information to RCHF and obtain the Foundation's written permission before production or use. The Foundation expressly reserves the right to final approval on all Royal Columbian Hospital promotional materials.
4. The **SPONSOR** agrees to use only the authorized name and official logo of the RCHF on all media and print materials relating to the event or campaign.
5. The **SPONSOR** agrees to underwrite all costs of the special event or to secure such underwriting. NO COST OR LIABILITY associated with this event shall be incurred by RCHF.
6. The **SPONSOR** will obtain all necessary permits, licences or insurance.
7. RCHF agrees to provide the **SPONSOR** with recognition commensurate with levels of giving as set forth in the Donor Recognition Policy.
8. The **SPONSOR** agrees to handle all monetary transactions for the special event / promotional campaign and to present the net proceeds to RCHF within 30 days following the event.
9. The **SPONSOR** agrees to provide all staffing and volunteers for the special event.
10. The **SPONSOR** agrees to use its own mailing list for the special event.
11. The **SPONSOR** agrees to follow RCHF's receipting policies that adhere to the Canada Revenue Agency regulations. The **SPONSOR** will not offer tax receipts to participants without the prior written agreement of RCHF.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sponsoring Organization)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Royal Columbian Hospital Foundation)

*RCHF reserves the right at any time to withdraw the use of its name and logo.*

## Application Form for Independent Special Event to benefit Royal Columbian Hospital Foundation

Thank you for your interest in fundraising for Royal Columbian Hospital. If you or your organization wishes to produce a special event or promotion to benefit Royal Columbian Hospital, you must submit a completed Application and Agreement to:

**Royal Columbian Hospital Foundation**  
**330 E. Columbia Street, New Westminster, B.C. V3L 3M2**  
**or by Fax: 604 520 4439**

Date of application: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Producing Organization:  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: (if applicable) \_\_\_\_\_

### General Information

Please check (✓) the category that best describes your organization:

industrial  commercial  retail/wholesale  service  non-profit

other (please specify) \_\_\_\_\_

Briefly describe the proposed event or promotion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Target market (ie: family/friends, customers, employees): \_\_\_\_\_

Promotion/publicity plan:

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Please describe your proposed publicity plan:

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Will your publicity be handled by a professional publicist or agency? \_\_\_\_yes \_\_\_\_no

If yes, please list the agency \_\_\_\_\_

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Will materials such as flyers and/or posters be created to promote this event or campaign?  
\_\_\_\_yes \_\_\_\_no If yes, please indicate the extent of distribution and dates of release:

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Does your organization intend to use the name and logo of RCHF on your printed materials and in your publicity?  
\_\_\_\_yes \_\_\_\_no

(RCHF must pre-authorize the use of its name & logo in all media and printed materials related to the special event)

**Financial Information**

**Proposed Budget: No cost or liability associated with this event shall be incurred by RCHF.**

1. TOTAL EXPECTED INCOME \$ \_\_\_\_\_  
 (eg donations, auction, ticket sales, food & beverage sales, etc)

2. EXPENSES:

Location/Facility: \$ \_\_\_\_\_

Food/Beverage: \$ \_\_\_\_\_

Printing (tickets, posters): \$ \_\_\_\_\_

Advertising: \$ \_\_\_\_\_

Others: \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES: \$ \_\_\_\_\_

3. EXPECTED REVENUE TO RCHF: \$ \_\_\_\_\_

To keep administrative costs at a minimum, we ask that money submitted to the Foundation be within 30 days of the event and in the form of one cheque along with a letter outlining the event and any other pertinent information.

Please let us know if you would like to arrange a formal cheque presentation.

**Request for Support**

What support or assistance do you anticipate from the RCHF? Sponsoring organizations must provide their own staff & volunteers.

- promotion on RCHF website: \_\_\_\_\_
- printed materials relating to Royal Columbian Hospital. Quantity required: \_\_\_\_\_
- camera-ready copy or logo. Provide details: \_\_\_\_\_
- guest speaker. Suggested topic: \_\_\_\_\_
- tour of the hospital. Date & # of guests: \_\_\_\_\_
- other (please specify): \_\_\_\_\_

Note: All fundraising activities to benefit Royal Columbian Hospital must be approved by the RCHF. We are most grateful for your support. Once your event has been approved, a signed copy of the attached Agreement will be forwarded to the applicant. If you have any questions regarding this Application or the Agreement, please contact the RCHF Office at 604.520.4438.

For RCH Foundation Use Only

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_

Date Copy Sent: \_\_\_\_\_