

**PHOENIX CHILDREN'S HOSPITAL  
FOUNDATION**



**PHOENIX CHILDREN'S**  
*Hospital Foundation*

**APPLICATION  
FOR  
FUNDRAISING EVENTS**

**Revised: April 2007**

# 2007 Fundraising Event Application Form

## 1. SPONSOR INFORMATION

Name of sponsoring organization/individual: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Company website: \_\_\_\_\_

## 2. EVENT INFORMATION

Name of event: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Date(s) and time(s): \_\_\_\_\_

Date event will end: \_\_\_\_\_

Is this a first time event? \_\_\_\_\_ yes \_\_\_\_\_ no If not, how many years have you done the event? \_\_\_\_\_

How will you be generating revenue for your event (registration fees, ticket sales, raffle, sponsorship sales)?

\_\_\_\_\_

\_\_\_\_\_

Do you plan to pay an individual or organization to help plan, manage or conduct the event or to solicit contributions? \_\_\_\_\_ yes \_\_\_\_\_ no

Name(s) of any organization with whom you will have any contract or agreement in relation to the event:

\_\_\_\_\_

Will you be advertising or publicizing this event? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, who will be handling these tasks?

\_\_\_\_\_

Who is your target audience: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

Is a Special Event Liquor License required for your event? \_\_\_\_\_ yes \_\_\_\_\_ no

*Please attach approvals by local authorities and evidence of insurance (if applicable).*

Will you be having livestock or other animals participating in your event? \_\_\_\_\_ yes \_\_\_\_\_ no

*If so, additional information will be provided from PCH on infection control.*

Will you have medical assistance on site during your event? \_\_\_\_\_ yes \_\_\_\_\_ no

Why did you select Phoenix Children’s Hospital as the beneficiary of your event? \_\_\_\_\_

\_\_\_\_\_

What are your expectations of Phoenix Children’s? (Someone to attend the event, signage, volunteers\*, etc)

\_\_\_\_\_

*\* All volunteers provided by PCH are expected to reflect the hospital in a positive manner and provide support for your organization. Additionally, all volunteers must be appropriately trained and orientated on your event. Please note that you must provide food and water for all PCH volunteers as well as on-site supervision/management.*

**3. USE OF FUNDS**

Please indicate where you want the donated funds to be used:

- |  |   |
|--|---|
| _____ <b>Where most needed</b>           | _____ Pediatric HIV/AIDS                  |
| _____ Child Life                         | _____ NICU (Neonatal Intensive Care Unit) |
| _____ The Emily Center                   | _____ 1 Darn Cool School                  |
| _____ Animal Assisted Therapy            | _____ Patient & Family Services           |
| _____ Center for Cancer & Blood Diseases | _____ Other fund (please specify)         |

**4. FINANCIAL INFORMATION**

Please estimate:

TOTAL PROCEEDS A. \_\_\_\_\_

EXPENSES B. \_\_\_\_\_

*Include costs such as printing, food, entertainment, equipment rental, promotion, etc.)*

NET PROCEEDS C. \_\_\_\_\_

*(A minus B)*

AMOUNT OF NET PROCEEDS DONATED TO PCH D. \_\_\_\_\_

*(Sponsor is not liable for amount listed)*

Anticipated date of your donation: \_\_\_\_\_

*(Donations should be delivered to Phoenix Children's Hospital within 45 days of the event date.)*

**5. SIGNATURE**

Until written permission has been granted by the Foundation, contributions may not be solicited in the name of Phoenix Children's Hospital and the name "Phoenix Children's Hospital" may not be used for any purpose. Information provided on this form is correct and accurately describes the proposed event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form is due no later than six (6) weeks prior to the proposed event. Completion of this form does not assure approval. You will be contacted if further information is needed.

If you have any questions regarding this form or your fund-raising event, please contact Angela Eliason, Phoenix Children's Hospital Foundation, (602) 546-2640.

You may fax this form to 602-546-2644 or mail to 2929 E Camelback Road, Ste 122, Phoenix Arizona 85016

Internal Use Only:

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