

**THIRD PARTY EVENTS  
PROPOSAL FORM**



Before organizing your event, please fill out this proposal form. Your event must be approved by the Hospitals of Regina Foundation prior to publicizing or hosting your event.

**Contact Information**

Individual or Organization planning this event: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Event Description:**

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

Brief Description of the Event:

What was the inspiration for this Event?

Event date: \_\_\_\_\_ Event time: \_\_\_\_\_

Event location/address: \_\_\_\_\_

Will this be an annual event?  Yes  No

Has this event taken place before?  Yes  No

If yes, when and where did the proceeds go? \_\_\_\_\_

How much was realized after expenses were paid? \_\_\_\_\_

How many people do you anticipate will attend the event? \_\_\_\_\_

**How will funds be raised?**

- ticket sales
- raffles
- pledges/donations
- food sales
- live auction
- silent auction
- sponsorships
- other \_\_\_\_\_

Would you like the funds raised to be used for the highest priority or designated to a specific program or area within the Hospitals?

- Highest priority     Specific Area: \_\_\_\_\_

**Proposed Event Budget:**

All costs are to come out of event proceeds or to be paid directly by the event organizers. Please list expected revenues and estimated expenses. If necessary, please attach a separate page.

**Revenue:**

Ticket Sales: \$ \_\_\_\_\_  
Pledges: \$ \_\_\_\_\_  
Silent Auction: \$ \_\_\_\_\_  
Sponsorship: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
  
Total Revenue: \$ \_\_\_\_\_  
Net Profit: \$ \_\_\_\_\_

**Expenses:**

Venue: \$ \_\_\_\_\_  
Food/Bev: \$ \_\_\_\_\_  
Advertising: \$ \_\_\_\_\_  
Printing: \$ \_\_\_\_\_  
Insurance: \$ \_\_\_\_\_  
License Fees: \$ \_\_\_\_\_  
Staffing: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total Expenses: \$ \_\_\_\_\_

**Event Promotion, Licenses, and Tax Receipts**

What is your promotion plan?

- Radio     TV     Newspaper     Posters     Personal network  
 Other \_\_\_\_\_

Will your event require tax receipting?  Yes \*     No

\*If yes, the event coordinator will discuss this process with you in detail.

Can we promote your event on our website and through social media?  Yes     No

Raffles require lottery licenses and it is your responsibility to ensure that these licenses are obtained.

\_\_\_\_\_  
Signature of Event Chair/Organizer

\_\_\_\_\_  
Date