

Third Party Events



Thank you for your interest in raising funds for the Fort St. John Hospital Foundation.

Please complete and return your application at least one month prior to your event. Application forms are to be sent to the following address or fax number:

Fort St John Hospital Foundation

8407 112 Ave

Fort St. John BC V1J 0J5

250-261-7563

Once you have submitted your application, please wait for written confirmation from the Foundation before proceeding with your event planning.

APPLICATION: Contract & Event Information

Name of fundraising initiative:.....

Applicant/Organizer's contact information

Contact Person Title:..... Name:.....

Company (if applicable):

Address:..... Prov: P/C:

Telephone: Fax:

E-mail: Web address:

Describe your initiative:

.....
.....
.....
.....

Date(s) of your initiative: **Time(s):**

Location(s) of your initiative:

Please indicate the category that best describes your group:

- Corporate School Community Service Club
 Others:

Target market for your initiative

- Employee Customers Members General Public Suppliers
 Others:

Recognition:

Once you have submitted all proceeds from your initiative, you will receive specific recognition for your initiative. Please indicate below how you would like the name of your initiative presented on any donor recognition materials.

Name:

APPLICATION: Financial Information

Do you expect to issue tax receipts as part of your fundraising initiative?

- Yes No

Please note: Tax receipts are issued according to Canada Revenue Agency guidelines and the Fort St John Hospital Foundation policy (\$20 minimum). If you intend on offering tax receipts, this must be pre-approved by the Foundation.

Estimated gross revenue from your initiative \$

Estimated expense from your initiative \$

Estimated donation to the Foundation \$

Please note: It is the applicant/organizer's responsibility to return all proceeds within 30 days of the initiative.

Have you planned/executed a similar initiative previously?

Yes No

If yes, for whom: When: Total funds raised: \$.....

Will other charitable organizations benefit from this initiative?

Yes No

If yes, please list: Percentage of proceeds:

APPLICATION: Public Relations Information

How will you be publicizing your initiative?

.....
.....

Please note: Your promotional material must clearly state that you are conducting a fundraising initiative. All promotion materials for your initiative **MUST** be approved by the Foundation prior to distribution.

GUIDELINES: Please Read Carefully as your Signature is Required

1. A 3rd Party Fundraiser is an initiative which is organized and executed by a third party independent from the Fort St John Hospital Foundation, such as Pledge-A-Thons, Dinners & Auctions, Tournaments, Event Ticket Sales, Product Sales and Cause Marketing.
2. A 3rd Party Fundraiser Applicant must await approval from the Foundation prior to proceeding with initiative.
3. **Fort St. John Hospital Foundation Name and Logo are the sole property of the Fort St John Hospital Foundation and can only be used with the Foundation's expressed written permission.**
4. All printed materials must clearly state what percentage of net proceeds will benefit the Fort St John Hospital.
5. Proceeds to the Fort St. John Hospital Foundation must be remitted within 30 days of the event.
6. The applicant is responsible for any financial costs and no costs will be incurred by the Foundation unless otherwise agreed to in writing prior to commencement of your initiative.
7. The applicant is responsible for ensuring liability insurances are in place.
8. Tax receipting complies with Canada Revenue Agency and Fort St. John Hospital Foundation policy. Requests for tax receipts must be submitted along with application for approval.
9. Applications are approved for a defined period, please advise the Foundation with any schedule changes or cancellations.
10. The Applicant is responsible for: recruiting & managing volunteers, event advertising (ticket sales, press releases, flyers, etc.), creating a budget, all expenses incurred, event sponsorship and/or solicitation.
11. The Foundation does not support initiatives that pose a health hazard, solicit through telemarketing or utilize vending machines. Fundraising initiatives must be consistent with the positive image of the Fort St. John Hospital Foundation.
12. The Foundation reserves the right to withdraw approval of an initiative, at any time, should it not comply with the values and Fundraising Guidelines of the Foundation or the Fort St. John Hospital, or differs, in any way, from the original fundraising application.
13. The Foundation does not trade, sell or exchange in any way, databases or lists of biographical information and abides by the Freedom of Information and Protection of Privacy Act.
14. Guest attendees from Fort St John Hospital Foundation will receive complimentary tickets or admission when invited to speak or attend a Third Party Event.

I have read and understand the Application and Guidelines. I agree to abide by the terms set out above by the Fort St John Hospital Foundation:

Signature of Organizer

Print Name

Date

If you have any question, please contact the Foundation at 250-261-7563

Thank you for your interest in raising money for our community