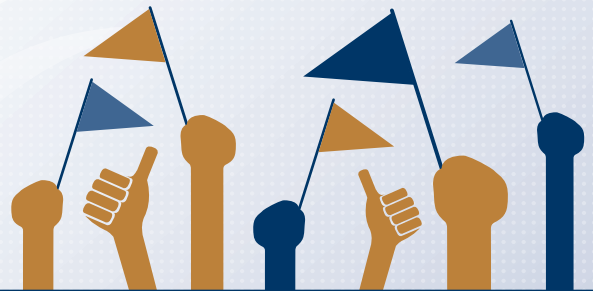


Community Event APPLICATION



Thank you for your commitment to raise funds for CancerCare Manitoba Foundation.
All Funds raised at your community event will stay in Manitoba.

Event Name: Event Date:

Event Location: Time:

Event Contact:

Organization (if applicable):

Address:

City: Province: Postal Code:

Email: Phone:

Website:

→ EVENT INFORMATION:

Is your event hosted by?

- a workplace a school a community group an individual

Briefly describe your fundraising event:

.....

.....

.....

Is there a particular area you would like the funds to support?

Is this an annual event? Yes No Maybe

Has this event taken place before? Yes No

Expected number of participants:

Once your event has been approved, we would be pleased to provide support materials, subject to availability. Please indicate which items you are interested in.

Banners and Signs

Brochures

Ribbons

Coin Box

Temporary Tattoos

Letter of Confirmation

PUBLICITY INFORMATION:

→ Are you planning on promoting this event to the public? Yes No

Briefly describe how the event will be publicized:

.....

.....

.....

Will you be seeking approval to use the CCMF name and/or logo in any of your promotional materials?

Yes No

Do you expect to involve the media? Yes No

ALL PROMOTIONAL MATERIAL BEARING THE CCMF NAME AND/OR LOGO MUST BE SENT TO THE FOUNDATION FOR APPROVAL IN ADVANCE OF PRINTING OR DISPLAYING.

FUNDRAISING/FINANCIAL INFORMATION

→ Understanding that it is difficult to predict revenue, please indicate your fundraising goals to the best of your ability.

How do you plan to raise funds (ticket sales, donations, pledges)?

.....

.....

.....

Are there any other charities benefiting financially from this event? Yes No

If yes, which charities?

If yes, what percentage of the total charitable amount will CCMF receive?%

If CCMF is not the sole beneficiary of the fundraiser, the % or portion of proceeds to be donated to CCMF must be clearly indicated in all promotion.



➔ **AGREEMENT FOR COMMUNITY EVENT OR FUNDRAISING INITIATIVE BENEFITING THE CANCERCARE MANITOBA FOUNDATION**

....., the event organizer, agrees to organize and implement a special event/program on, to benefit CancerCare Manitoba Foundation. The special event/program shall be described and publicly referred to as follows:

.....

The event organizer agrees to use only the authorized name or logo of CancerCare Manitoba Foundation in any media or printed materials relating to the special event/program (if name is to be used).

No cost or liability associated with this event shall be incurred by CancerCare Manitoba Foundation.

The event organizer agrees to handle any monetary transactions and to present the proceeds to CancerCare Manitoba Foundation within 30 days of the event.

The event organizer will obtain all necessary permits, licenses or insurance.

The event organizer agrees to follow CancerCare Manitoba Foundation's receipting policies that adhere to Canada Revenue Agency regulations.

CancerCare Manitoba Foundation reserves at any time the right to withdraw the use of its name.

If the event is cancelled, the event organizer will notify CancerCare Manitoba Foundation prior to the original event day.

Signed:
EVENT ORGANIZER

Date:

Signed:
CCMF REPRESENTATIVE

Date:

Once application is completed, please fax to **204-784-2776**, or deliver to our office at **1160-675 McDermot Avenue**.

➔ **FOR MORE INFORMATION OR ASSISTANCE,**
Please contact our **Community Events team**
at **special.events@cancercare.mb.ca** or **204-784-2777**