

Community Event APPLICATION

Community Events

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

Event Name:

Start Date: End Date:

Event Contact:

Organization (if applicable):

Address:

City: Province: Postal Code:

Email: Phone Number:

Website:

Social Media Handles Facebook: Other:

Twitter: Instagram:

▶ EVENT INFORMATION

Briefly describe your community event (details and location):

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

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

How frequent is your event? one-time annual ongoing

Would you like an online donation page created? Yes No

Please note a member of our events team will reach out to get this donation page set up for you.



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All funds raised stay in Manitoba.

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

Brochures

Ribbons

Donation Forms

Coin Box

Temporary Tattoos

Lawn Signs

Letters of Confirmation

▶ **PUBLICITY INFORMATION**

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

Briefly describe how your 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.

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.....

Are there any other charities benefitting 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 campaign, the % or portion of proceeds to be donated to CCMF must be clearly indicated in all promotion.

► **AGREEMENT FOR COMMUNITY EVENT BENEFITING
CANCERCARE MANITOBA FOUNDATION**

....., the event organizer, agrees to organize and implement a community event to benefit CancerCare Manitoba Foundation.

The community event 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 event (if name 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 end date.

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 organizer will notify CancerCare Manitoba Foundation prior to the original event start date.

Signed:
EVENT ORGANIZER

Date:

Signed:
CCMF REPRESENTATIVE

Date:

► **FOR MORE INFORMATION OR ASSISTANCE:**

Please contact our **Community Events team** at special.events@cancercare.mb.ca or 204-784-2777

cancercarefdn.mb.ca

  @cancercarembfdn

  **CancerCare Manitoba Foundation**



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