

Application for authorization

#_____ (internal use only)

NOTE: Application must be approved by Tri-City Transitions Society prior to publicizing or holding the event

LOGO

Date:

Name of Group/Company planning event:

Name of Applicant

Phone:

Contact Name:

FAX:

Address:

Email:

Texting is acceptable

Name of Event:

Location:

Address:

Postal Code:

Event Start Date

End Date:

Time:

Event Website:

Facebook:

Twitter:

Other:

Briefly describe event and how funds will be raised i.e. cash, product, gift in kind

How many people do you expect to attend the event?

What are the projected expenses and revenues for the event?

Expenses

Revenues

Projected net cash venue donated to Tri-City Transitions Society or Tri-City Transitions Emergency Shelter \$ _____ or value of product _____

I have read and agree with the Tri-City Transitions Society Fundraising Event Guidelines

Signed

Date

Signed (Sponsoring Organization Rep)

Date