



COMMUNITY EVENT PARTNERSHIP APPLICATION

CONTACT INFORMATION:

NAME OF ORGANIZATION: _____
(IF APPLICABLE)

CONTACT PERSON: _____

CONTACT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE: _____ (DAY) _____ (EVENING)

FAX: _____ E-MAIL ADDRESS: _____

ABOUT YOUR COMMUNITY PARTNERSHIP EVENT

TITLE OF EVENT: _____

EVENT DATE: _____

EVENT TIME: _____ RAIN DATE: _____
(IF APPLICABLE)

EVENT LOCATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IF LOCATION IS A BUSINESS, WILL THERE BE AN ADMISSION CHARGE? YES NO

INVITATION ONLY? YES NO OPEN TO PUBLIC? YES NO

HOW WILL YOUR EVENT BE PROMOTED? FLYERS RADIO OTHER (PLEASE EXPLAIN)

WILL YOU USE SOCIAL MEDIA TO PROMOTE YOUR EVENT? YES NO

(PLEASE LIST SOCIAL MEDIA NETWORKS)

PLEASE PROVIDE A DESCRIPTION OF YOUR EVENT (ATTACH ANOTHER SHEET IF NECESSARY)

WHY DID YOU CHOOSE ST. LOUIS CHILDREN'S HOSPITAL AS THE BENEFICIARY OF YOUR EVENT?

WHAT ARE YOUR NEEDS FROM ST. LOUIS CHILDREN'S HOSPITAL? (IF APPLICABLE)

COMMUNITY EVENT PARTNERSHIP FUNDING AND DONATION INFORMATION

ARE THERE BENEFICIARIES OTHER THAN ST. LOUIS CHILDREN'S HOSPITAL? YES NO

IF SO, WHOM? _____

ESTIMATED EXPENSES \$ _____ REVENUE: \$ _____ NET PROCEEDS: \$ _____

**** NET PROCEEDS OF YOUR EVENT WILL BE DESIGNATED TO SUPPORT THE HOSPITAL'S GREATEST NEEDS.
IF YOU PREFER EVENT PROCEEDS TO BENEFIT A PARTICULAR PROGRAM OR SERVICE AREA, PLEASE SPECIFY BELOW:**

DO YOU PLAN TO SEEK GIFTS/SPONSORSHIPS FROM LOCAL CORPORATIONS OR FOUNDATIONS?

YES NO IF YES, PLEASE LIST NAMES AND ADDRESSES: (ATTACH ANOTHER SHEET IF NECESSARY)

DOLLARS RAISED PREVIOUSLY THROUGH THIS EVENT (IF APPLICABLE, PLEASE LIST DATE AND AMOUNT RAISED)

DATE: _____ \$ _____ DATE: _____ \$ _____ DATE: _____ \$ _____ DATE: _____ \$ _____





COMMUNITY EVENT PARTNERSHIP AGREEMENT

We appreciate your time and generosity and wish you great success with your event. If you have questions, please feel free to contact us.

TERMS OF AGREEMENT

I understand that:

- All events to benefit St. Louis Children's Hospital must be approved by St. Louis Children's Hospital Foundation prior to the event or event promotion.
- St. Louis Children's Hospital Foundation must approve all publicity and promotional materials for proposed events that include the hospital name or logo before they are released. Please forward a draft of all materials to us prior to publicizing the event.
- When mentioning the name of the hospital in print or on air, it should be referred to as *St. Louis Children's Hospital*. Please refrain from using abbreviations or shortened names.

If you are completing this form electronically, please check the box to serve as your electronic signature. Also please type your name on the line below.

PRINT NAME

SIGNATURE OF EVENT ORGANIZER

DATE

SIGNATURE OF FOUNDATION STAFF

DATE