# U:\COMMUNICATIONS AND MARKETING\Logos\Logos - Archived\HSC logos\HSC Header.jpg

# Third Party Event Proposal Form

# Please complete to the best of your ability.

## Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Click here to enter text. |  |
|  | Last | First |  |
| Chapter: | Click here to enter text. |
|  |  |
| Address: | Click here to enter text. | Click here to enter text. |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: | Click here to enter text. |  Alternate Phone: | Click here to enter text. |

|  |  |
| --- | --- |
| Email | Click here to enter text. |

## Event Information

|  |  |  |  |
| --- | --- | --- | --- |
| Event Date(s): | Click here to enter text. |  Venue: | Click here to enter text. |
| Start time: | Click here to enter text. |  End time: | Click here to enter text. |
| Briefly describe your event: | Click here to enter text. |
|  | Click here to enter text. |
|  |  |
|  | Will liquor be served at the event? : Yes [ ]  No [ ]  If so, who holds the liquor license? Is this the first year of the event? : Yes [ ]  No [ ]  What are your goals for the event (please list any financial and promotional goals)? *(ex. 100 attendees)* :Click here to enter text.  |
|  |   |  |
|  |  |

## Event Budget

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated Gross Revenue *(before costs)* | $Click here to enter text. |  |  |
|  |  |  |  |
| Anticipated Expenses: Venue Rental:  | $Click here to enter text. |  |
|  |  |  |
|  Food & Beverage:  | $Click here to enter text. |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
|  Advertising:  | $Click here to enter text. |
|  Printing:  | $Click here to enter text. |
|  Prizes:  | $Click here to enter text. |
|   Other: (please be as specific as possible) Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Total Expenses: | $Click here to enter text. |
| Estimated Net Revenue *(after costs):* | $Click here to enter text. |
| Total Expenses: |  **$** Click here to enter text. |

## Promotion

|  |
| --- |
| What support do you require from the Huntington Society?:[ ]  HSC Table Display [ ]  HSC Brochures [ ]  HSC Banner [ ]  Fundraising Page/Online Registration[ ]  Race/Lottery License\* [ ]  Tax Receipt(s)\*\* [ ]  Other: Click here to enter text. **\**Race/Lottery License:*** *Please note that the Gaming Services Act (GSA) regulates events such as bingos, races, Monte Carlos, casinos, and 50/50 draws. Huntington Society staff must apply for the required license as stated in the GSA. Please allow for a minimum of four weeks to process applications.* ***\*\*Tax Receipts:*** *will be issued at the sole discretion of Huntington Society of Canada based on Canada Revenue Agency guidelines. The issuing of receipts must be approved by Huntington society of Canada before the event.**Huntington Society will not be responsible for obtaining a liquor license.* |
| Will your event be promoted: | [ ]  Privately *(internally)* [ ]  Publicly [ ]  Both |
| How will you promote your event: | [ ]  Word of Mouth [ ]  Posters/Flyers [ ]  Brochures [ ]  TV |
|  | [ ]  Social Media [ ]  Newspaper [ ]  Radio [ ]  Web  |
|  [ ]  Other: | Click here to enter text. |
|  | Please tell us any additional information about your event or list any questions you may have:  |
|  |  Click here to enter text. |  |
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## Agreement

|  |  |
| --- | --- |
|  | I, Click here to enter text., agree that the information in this form is the best representation of the event I/we plan on organizing on behalf of the Huntington Society of Canada. |
|  |   |  | Click here to enter text. |
|  | *Signature* |  | *Date* |
|  |  | I have read, understand and agree to be bound by the Terms and Conditions as identified above. |
|  | Name of Organizer:  | Click here to enter text. |  |  |
|  | Signature of Event Organizer: |  | Date: | Click here to enter text. |
|  | Signature of HSC Representative: |  | Date: | Click here to enter text. |

Thank you for supporting the search for meaningful treatments and a world free from Huntington disease!