



Nationwide Children's Hospital Special Event Application

Required Event Information

Part 1: Contact Information

First Name:

Last Name:

Are you an (please **highlight** selection below):

- Individual
- Community Group
- Corporation
- Corporate Foundation
- NCH Affinity Group
- Other: _____

Company or Organization Name (if applicable):

Name as you would like to be recognized (Do you want the event name, organization name, individual name, etc.):

Street Address:

City:

State:

Phone Number:

Fax Number:

Email Address:

Part 2: Event/Promotion Information

Website:

Name of Proposed Event or Promotion:

Proposed Date(s):

Event Description:



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Are there any other beneficiaries of this event or promotion? (please **highlight** selection below):

- Yes
- No

If yes, name of other organization(s):

Location of Proposed Event or Promotion:

Projected Attendance:

Briefly explain how funds will be raised (ticket sales, pledges, sponsorships, auction, etc.):

Does the event require a license or permit? (please **highlight** selection below):

- Yes
- No

What is your plan for publicity and promotion? (please **highlight** selection(s) below):

- Press Releases
- Promotional Flyers
- Public Service Announcements
- Internet Presence
- Other

Please list the anticipated recipients of the above publicity and promotion plan:

List businesses, other than your own, that you plan to solicit for donations (cash, service or items):

Part 3: Financial Information

Remember to limit expenses to no more than 50% of gross proceeds. All donations must be made within 30 days of completion of the event or promotion.

Anticipated Total Revenue: \$

Anticipated Total Expenses (Please estimate the individual expenses for the items below): \$

Food/Beverage: \$



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Printing: \$

Security: \$

Advertising/PR: \$

License/Permit Fee: \$

Prizes: \$

Supplies: \$

Other: \$

Anticipated Total Donation: \$

Does your company plan to match the amount you raise? (please **highlight** selection below):

- Yes
- No

How will you transmit your donation to Nationwide Children's Hospital Foundation? (please **highlight** selection below):

- Cash
- Check
- ACH Transfer
- Other: _____