



SPECIAL EVENT FORM

Anyone interested in hosting a special event for the Friends of The Moncton Hospital Foundation is asked to complete the following form. We appreciate you selecting the Friends as the recipient of funds raised from your event. *Thank you for your support!*
Charitable Registration #11893 3134 RR0001

RETURN TO: Friends of The Moncton Hospital Foundation
135 MacBeath Avenue
Moncton NB E1C 6Z8
506.857.5488
friends@HorizonNB.ca
www.friendsfoundation.ca

Name of Person/Organization hosting event: _____

Name of event: _____

Contact Person: _____ Phone: _____

Address: _____

_____ Province: _____ Postal Code: _____

Email: _____

Date, time & location of event: _____

Description of event:

Event inspiration:

What type of market do you plan to target for this event (i.e. general public, businesses, etc.)?

How do you plan to market or promote this event?

Do you wish to use the **Friends of The Moncton Hospital Foundation** logo and the **H** logo in your materials or publicity? Yes No

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2.

How will this event raise funds? _____

What degree of involvement do you expect from the Foundation?

FINANCIAL INFORMATION – BUDGET

Estimated income from the special event: \$ _____

Estimated expenses for the special event: \$ _____

Estimated donation to the Foundation: \$ _____

Anticipated date the donation will be received: _____

Will other charitable organizations benefit from this special event? Yes No

If so, please specify organization and donation breakdown:

Please note that all fund raising activities organized by a third party for the benefit of The Moncton Hospital should be submitted to the attention of Katherine Robertson. She can be reached by phone at 506.870.2447 or by email at Katherine.Robertson@HorizonNB.ca.

The undersigned shall indemnify and hold harmless the Friends of The Moncton Hospital Foundation from and against all liability, claims, damages, or expenses due to or arising out of this event. As well, the organizer will obtain at their own expense, all permits and licenses required to conduct the special event. This event should not, by association, have the potential to adversely affect the Hospital or Foundation's image and should not conflict with the Hospital and Foundation's mission and goals, which promote a healthy community.

Printed Name _____

Signed _____ Date _____

For Foundation use only

Date: _____

Approved by: _____ Title: _____

Comments: _____
