



## Event Planning Worksheet

Thank you! By completing this form, you are partnering with InterAct to host an event. In order to be considered for an event, the following Event Registration form must be completed *at least 2 months prior to the event*. This ensures that InterAct is aware of your event and will participate as much as possi-

### Event Details

Name of Event

Event Location

Street

City, State

Zip

Event Website

Brief Description of Event:

Purpose of Event:

Fundraising

Community Awareness

Other

If Other Please Specify

Projected Number of Participants

Is the Event:

On-going

One Time

Date of Event (Month, Date, Year):

Time (Begin-End):

### Event Planner Information

Name (Last, First):

Street

City, State

Zip

Primary Phone:

Alternate Phone:

Email:

## Event Expectations of InterAct

Brief Description of Expectations:

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Would you like your event publicized by InterAct?  YES  NO  
Would you like to use the InterAct logo?  YES  NO

How the logo will be used:

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Would you like some InterAct materials?  
InterAct General Agency Brochure  YES  NO  
Domestic Violence Literature  YES  NO  
Sexual Assault Literature  YES  NO

Will someone from InterAct be expected to speak at the event?  YES  NO  
*InterAct must be aware 1 month in advance*

Topic of Speech:

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## Pledge of Funds

The \_\_\_\_\_ does hereby pledge funds to InterAct to be received within *one month*  
Organization Name  
following the event date. The funds will come in the form of checks or cash.

Projected Donation Amount:

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Printed Name (Last, First):

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Signature

Please complete form and return by mail, email or fax to:  
InterAct, Attn: Martha Browning, 1012 Oberlin Road, Raleigh, NC 27605  
fax: (919)828-8304

Email: [marthab@interactofwake.org](mailto:marthab@interactofwake.org)

*Form must be submitted 2 weeks prior to the event date in order for InterAct to participate*

**InterAct thanks you! Your support will help to empower a family in need.  
We could not do what we do without the communities' help!**