



THIRD PARTY FUNDRAISING EVENT PROPOSAL FORM

Event Organizer Information

Name of group or company planning event: _____

Name of Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Day of Event Cell Phone: _____

Email: _____

Event Information

Name of Event: _____

Location Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Event Date: _____ Start Time: _____ End Time: _____

Projected attendance: _____

The event will be: Open to the public ☐ By invitation only ☐

Brief Description of Event:

Event Information (*continued*)

How will funds be raised? Ticket Sales ☐ (Price: \$ _____) General contributions ☐

Silent Auction ☐ Raffle ☐ Other ☐ _____

Please indicate what percentage OR dollar amount of net proceeds will be donated to Tricia's Troops Cancer Connection: _____

How would you like funds raised by your group to be utilized by Tricia's Troops Cancer Connection?

General donation (for most pressing needs) ☐ -OR- Specific purpose ☐ (i.e. Wigs, Flowers, Gift Cards)

If specific purpose, please explain: _____

Involvement of Tricia's Troops Cancer Connection

Are you requesting organizational literature at the event? (ie. Brochures) Yes ☐ No ☐

Are you requesting attendance by TTCC staff? Yes ☐ No ☐ Welcome, but not required ☐

If yes, describe the purpose of staff attendance (speak, informational booth, guest)

If yes, total time commitment requested: _____

Would you like our help promoting the event on our website and social media? Yes ☐ No ☐

Agreement and Signature

I, _____, have read and understand the accompanying Third-Party Event Guidelines and agree to abide by all policies and regulations mentioned therein. I agree Tricia's Troops Cancer Connection has no financial or legal responsibilities for the event and all promised proceeds from the event will be provided within 30 days of the event date.

Signature _____ Date _____

Please Return Completed Application To:

candi@triciastroops.org

-OR-

Tricia's Troops Cancer Connection

ATTN: Candi Strong

120 E Wisconsin Ave., Suite B

Oconomowoc, WI 53066