

Community Event Proposal Form

Thank you for your interest in supporting Bridgepoint Active Healthcare! If you wish to host a special event or program to benefit Bridgepoint, **please submit this completed proposal to Bridgepoint Foundation for approval.**

Mail your completed form to the attention of Community Events at Bridgepoint Foundation, 14 St. Matthews Road, Toronto, ON, M4M 2B5, **or fax it** to 416- 470-6709.

Once your proposed event has been approved, we'll send you a signed copy of the attached agreement form.

We recommend that you read the ***Tips for Organizing Community Events*** posted on our website at www.bridgepointhealth.ca/foundation. If you have any questions, please call Bridgepoint Foundation at 416-461-8252 x 2247.

Your contact information

Your name: _____

If you represent an organization that wants to host this event, name the organization

Please select the category that best describes you:

☐ Corporation ☐ School ☐ Community ☐ Service Club ☐ Individual

Mailing Address: _____

City: _____ Postal Code: _____

Phone (Business): _____ Phone (Home): _____

Fax: _____ Email: _____

Information about your event

Name of Event: _____

You're planning an event that will be: ☐ One-time ☐ Annual ☐ Ongoing

Date of Event: _____ Time of Event: _____

Location of Event: _____

Target Market: ☐ Family/Friends ☐ Members ☐ Customers ☐ General Public

Event details:

Briefly describe your event and how the funds will be raised. If you have done a similar event for Bridgepoint Foundation in the past, please tell us what it was:

[illegible]

What inspired you to hold this event?

[illegible]

Your proposed event budget:

All costs must come out of your event proceeds or to be paid by you directly.

1	TOTAL ANTICIPATED INCOME (e.g. donations, auction, ticket sales, food and beverages sales, etc.)	\$ _____
2	COSTS:	
	Location/Facility:	\$ _____
	Food/Beverage	\$ _____
	Printing (tickets, posters)	\$ _____
	Advertising	\$ _____
	Other (specify): _____	\$ _____
	TOTAL COSTS	\$ _____
3	REVENUE TO BE DONATED TO BRIDGEPOINT FOUNDATION	\$ _____

To reduce administrative costs, please submit proceeds in the form of one cheque accompanied by a copy of the event agreement form or a letter outlining the name and date of the event, along with your contact information. If there are pledge forms from your event, please attach one cheque for the overall balance along with the pledge forms.

Event support requested from Bridgepoint Foundation:

Please indicate if you wish to have any of the following:

- ☐ Bridgepoint Active Healthcare logo
- ☐ Bridgepoint promotional collateral
- ☐ Bridgepoint posters/banners _____ (indicate quantity)
- ☐ Budget/expense advice
- ☐ Notification on Bridgepoint website

Please allow at least two weeks' notice prior to the start of your event so we can fulfill your request for support.

PLEASE NOTE: All materials featuring the Bridgepoint Active Healthcare name or logo must be submitted to the Foundation for approval before publication. We reserve the right to withdraw permission to use the Bridgepoint name and logo at any time.

How will you publicize your event?

Briefly describe how you will spread the word about your event: _____

Will the publicity be handled by a professional agency? ☐ Yes ☐ No

If yes, please name the agency: _____

Will promotional materials, such as ads, flyers & posters, be printed? ☐ Yes ☐ No

**Agreement between
Event Organizer and Bridgepoint Foundation
for a special event/ program benefiting Bridgepoint Active Healthcare**

_____, the EVENT ORGANIZER, agrees to
organize and implement a special event/program on _____, to
benefit Bridgepoint Active Healthcare. The Special event/program shall be described
and referred to publicly as follows: _____

The EVENT ORGANIZER agrees to use only the authorized name and logo of
Bridgepoint Active Healthcare in all media and printed materials relating to the
special event.

NO COST OR LIABILITY associated with this event shall be incurred by Bridgepoint
Foundation.

Bridgepoint Foundation agrees to provide the EVENT ORGANIZER with recognition
commensurate with level of giving set forth in the Donor Recognition Policy.

The EVENT ORGANIZER agrees to handle any monetary transactions, and to present
the proceeds to Bridgepoint Foundation within 30 days following the event.

The EVENT ORGANIZER will provide staffing and volunteers for the special event.

The EVENT ORGANIZER agrees to use its own mailing list for the special event.

The EVENT ORGANIZER will obtain all necessary permits, licenses or insurance.

The EVENT ORGANIZER will follow all Bridgepoint Foundation procedures related to
fundraising and special events.

Bridgepoint Foundation reserves at any time the right to withdraw the use of its
name and logo.

Signed: _____ Date: _____
(Event Organizer)

Signed: _____ Date: _____
(Bridgepoint Foundation)

*Please sign this form and send it to the attention of Community Events at Bridgepoint
Foundation, 14 St. Matthews Road, Toronto, ON, M4M 2B5 (Fax # 416- 470-6709).
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attached agreement form.*