



Today's Date: _____

Third Party Event Proposal Form

Your Name: _____

Organization: _____

Street Address: _____

Phone: _____ Email: _____

Name and/or type of proposed fundraising event or promotion:

Event Date(s): _____ Event Time: _____

Location: _____ Fundraising Goal Location: (if applicable): _____

Please provide any additional details/information about the event:

How much do you estimate will be contributed to Community Resource Center? _____

How many people do you expect to attend? _____

What are your publicity plans? (Invitations, Social Media, Press Releases, Advertisements, Posters, etc.):

What type of representation and assistance, if any, would you request from Community Resource Center?

Are other organizations beneficiaries of this event? If yes, please list.

PLEASE RETURN THIS FORM TO:

Community Resource Center
Attn: Lindsey Oberoi, Development Associate
169 Saxony Road, Suite 104, Encinitas, CA 92024
Email: loberoi@crcncc.org or Fax: (760) 753-0252