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# Special Events Proposal Form

Before you hold an event, the Down Syndrome Association of Greater St. Louis must approve this application.

Today's Date: \_\_\_\_\_

Name of Group/Company Planning Event: \_\_\_\_\_

Contact Name of Individual Responsible: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name of Proposed Event: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event is:  Open to the Public

By Invitation Only

Ticket Price (if applicable): \_\_\_\_\_

For Publicity Purposes, a phone number that can be publicly listed: \_\_\_\_\_

Has this event taken place before?  Yes  No

If so, when (date): \_\_\_\_\_

Are there any other beneficiaries besides the DSAGSL for this event?  Yes  No

If yes, which organizations(s): \_\_\_\_\_

Does your company plan to match the amount you raise?  Yes  No

Briefly describe the event and how funds will be raised (ie. ticket sales, pledges, sponsorship, auction, raffle, etc. (Attach separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

How will event be publicized (ie. press releases, flyers, radio/TV, printed ads, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Does your event require a license?  Yes  No

All businesses that you plan to solicit for cash or in-kind support (products or services) MUST be listed (on reverse side).

Please list all anticipated revenue and costs, even if you expect the items to be donated:

<b>REVENUE</b>	\$ _____
Participant Fees	\$ _____
Sponsorships	\$ _____
Pledges	\$ _____
Raffle	\$ _____
Auction	\$ _____
Other (describe):	\$ _____
Other (describe):	\$ _____
<b>TOTAL EXPECTANT REVENUE:</b>	\$ _____

<b>EXPENSES</b>	\$ _____
Venue Cost	\$ _____
Food/Beverage	\$ _____
Printing (flyers, posters, etc.)	\$ _____
Security	\$ _____
Advertising	\$ _____
Entertainment	\$ _____
License Fees	\$ _____
Prizes	\$ _____
Supplies	\$ _____
Other (describe):	\$ _____
Other (describe):	\$ _____
<b>TOTAL EXPECTANT EXPENSES:</b>	\$ _____

**Net Revenue Expected (to DSAGSL) \$ \_\_\_\_\_**

Costs to come out of: \_\_\_\_\_ Total Revenue \_\_\_\_\_  
Paid by Event Organizer/Business \_\_\_\_\_

Date funds will be received by DSAGSL \_\_\_\_\_

THE ORGANIZATION SPONSORING THE EVENT ASSUMES ALL RISKS AND LIABILITIES ASSOCIATED WITH THE EVENT AND HERE-BY RELEASES AND HOLDS HARMLESS DOWN SYNDROME ASSOCIATION OF GREATER ST. LOUIS AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES, ARISING OUT OF OR WHICH MAY OCCUR IN CONJUNCTION WITH THE EVENT, INCLUDING, WITHOUT LIMITATION, ANY PERSONAL INJURIES OR DAMAGE TO PROPERTY WHICH MAY OCCURE IN CONJUNCTION WITH THE EVENT.

I \_\_\_\_\_, agree on behalf of the organization I represent that if the event I wish to coordinate is approved by the Down Syndrome Association of Greater St. Louis, we agree to abide by the Special Events Policies and Guidelines, a copy of which has been provided to me by the Down Syndrome Association of Greater St. Louis. It is also agreed that the funds raised from the event will be remitted to the Down Syndrome Association of Greater St. Louis within 45 days of the event or within alternative terms mutually agreed upon and stated below.

Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

DSAGSL Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_