

Third Party Event Application



Pediatric Cancer Research Foundation
9272 Jeronimo Road, Suite 122 · Irvine, CA 92618
T: 949-859-6312 F: 949-859-6323
events@pcrf-kids.org

Name of Group/Organization planning event

If available, would you like a representative present at your event? Yes No
If yes, what role will he or she play?

Name of individual(s) in charge of event

Mailing address

Will you need PCRF volunteers at your event?
 Yes No
If yes, how many? _____

City, State, Zip Code

Publicity and Promotion
How will the event be publicized? (press releases, advertisements, PSAs, promotional flyers, email blasts, etc. Attach any samples to this application.)

e-mail address

Phone and Fax numbers

XX

If possible, would you plan to use the PCRF logo and/or the “We Support PCRF” logo on event materials?
 Yes No
Review and approval must be received prior to printing materials with the PCRF logo or name.

Name of event

Proposed Date and Time of event

Will photos of the event be provided to PCRF?
 Yes No

Proposed Venue

Will you need PCRF collateral materials for your event?
 Yes No
ITEM: QUANTITY:
Collateral Folder _____
PCRF Brochure _____
Pens _____
Tablecloth _____
Banner _____
(1 banner/per event; based on availability)

City, State, Zip Code

Venue Contact Person

Event Type: golf tournament auction
 raffle luncheon/dinner Other: _____

Budget/Fundraising
Total Projected Revenue: \$ _____
Total Projected Expense: \$ _____

Event is: Open to public Invitation only

Ticket Price: \$ _____ Table Price \$ _____

Will the event be sponsored or underwritten by another organization or business? Yes No
If yes, please specify organization:

Has this event taken place before: Yes No

Brief description of proposed event: _____

Budget/Fundraising continued:

*REQUIRED: List all businesses you will be soliciting for sponsorship or in-kind contributions. *Please attach a separate sheet of paper if you require additional space. This information is required so that we may cross-reference businesses that may have already been contacted to support another event.*

Will the proceeds be donated only to PCRFF?
 Yes No If no, list other beneficiaries?

If you are donating a portion of proceeds from the event, rather than the full amount, please specify what percentage or dollar value you will be giving.

% of proceeds: ____ Value of proceeds: \$_____

Tax receipts will only be issued for monetary and in-kind donations made directly to the Pediatric Cancer Research Foundation.

Will there be any costs that PCRFF will incur?
 Yes No If yes, please describe

Additional information PCRFF should know regarding your proposed event.



Third Party Fundraising Agreement

Please read and sign your initials where indicated.

The Pediatric Cancer Research Foundation (PCRFF) is a registered 501(c)3 charity (#95-3772528) and is accountable to the public for activities and fundraising utilizing the PCRFF brand. This is an agreement between PCRFF and _____.

PCRFF encourages fundraising events that are consistent with our image, mission and core values. _____ (Initials)

To conduct an event you are required to complete an application. Once you submit the application, please allow a minimum of 14 days for review and response. If the application is approved, we will provide you with a Letter of Agreement. This letter may be shown to potential donors, sponsors and volunteers. _____ (Initials)

A donation of a portion of net proceeds, rather than full amount, must state exactly how much, either in a percentage or specific dollar amount on the application. _____ (Initials)

The use of the PCRFF name, or logo on any materials, including website, must be approved prior to production. _____ (Initials)

PCRFF shall not incur costs for event production or promotion. _____ (Initials)

The organizer is responsible for obtaining appropriate licenses (i.e. raffles, liquor permits, etc.) and insurance. _____ (Initials)

PCRFF shall receive all proceeds within 30 days of the completion of the event unless otherwise agreed upon. _____ (Initials)

The organizer agrees to submit a one-page final report upon delivery of event proceeds. _____ (Initials)

Tax receipts can only be given to donations or gifts in-kind made directly to PCRFF. _____ (Initials)

The organizer agrees to ensure that all materials borrowed or loaned are returned promptly and in the same condition they were received. The organizer agrees to accept responsibility for damage or loss of materials borrowed or loaned from PCRFF. _____ (Initials)

The Pediatric Cancer Research Foundation respects your privacy and will never sell, trade or loan your information to any other organization. We will use your information only for follow-up contacts and to process and recognize donations. We disclose your information only to our own employees to accomplish the purposes listed above. By providing this information you consent to our collection of information.

Signature of event organizer Date

Signature of PCRFF representative Date