

3rd Party Event Proposal Form

Please complete, sign and return the original **3rd Party Event Proposal Form** to the address below. Please keep a copy for your files. We will acknowledge your application within approximately 24 hours and approve within approximately one week.

St. Thomas Elgin General Hospital Foundation
Attention: Sue Warden
189 Elm Street
St. Thomas, ON N5R 5C4
T: 519.631.2030 x2395
E: swarden@stegh.on.ca
W: www.It's**OUR**Hospital.ca

Contact Information:

Name of Person or Organization Planning Event _____

Main Contact Name _____

Mailing Address _____

City/Province _____ Postal Code _____

Home Telephone _____ Alternate Telephone _____

Additional Contacts (please list) _____

Main Contact Email Address _____

Name of Proposed Event _____

Event Date(s) _____ Event Time _____

Event Location _____

Address of Location _____

Description of Event (Attach list if needed) _____

Will this be a multi-year event to benefit the STEGH Foundation? Yes _____ No _____ Unknown _____

What is your demographic? _____

How will funds be raised e.g. ticket sales, raffles, sponsors etc.? _____

Are there other charities involved? (Attached list if needed) _____

Cost per person? _____ Are you seeking sponsorship? Yes _____ No _____

If yes, whom are you seeking sponsorship from? (Attach list if needed) _____

Estimated revenue from event: _____ Estimated expenses: _____

Estimated donation to St. Thomas Elgin General Hospital Foundation: _____

Proposed Budget (List all expenses even if you expect them to be donated):

Location/Venue	\$ _____	Total Expenses	\$ _____
Food/Beverage	\$ _____	Total Expected Income	\$ _____
Printing	\$ _____	(-) Total Expenses	\$ _____
Advertising	\$ _____	Revenue to STEGH Foundation	\$ _____
Prizes	\$ _____	*All expenses will be paid from the proceeds or directly	
Other (specify)	\$ _____	by the event organizer. Receipts must be provided.	

Logistics

Please circle the appropriate answers on how you intend to promote the event:

Brochures/Flyers/Posters Newsletters Social Media Print Ads Radio/TV Ads Personal Network Email

Other, please specify: _____

Will alcohol be served? If yes, how? _____

Who will obtain the liquor license? _____

Has liability insurance been arranged? If so, please provide details: _____

Have your permission to promote your event on our website? Yes _____ No _____

Do we have permission to release your name and contact info to the media? Yes _____ No _____

Could we have a cheque presentation photo after the event to share with the media? Yes _____ No _____

3rd Party Letter of Agreement

- 1) I acknowledge that the St. Thomas Elgin General Hospital Foundation (STEGH Foundation), its auditors, or other authorities may request verification of event revenue. I agree to provide all requested and/or required financial records and keep said records for two years from the event date.
- 2) St. Thomas Elgin General Hospital and St. Thomas Elgin General Hospital Foundation shall incur no legal or financial liability whatsoever associated with this event.
- 3) I agree to provide staffing and/or volunteers for this even.
- 4) The proceeds from this event will be directed to the highest priority at STEGH, unless otherwise stated.
- 5) Net proceeds from this 3rd Party Event together with all the related financial reports will be remitted to STEGH Foundation within 30 days of the 3rd Party Event date.
- 6) If STEGH Foundation has concerns about the way the event is being implemented and such concerns are not immediately addressed, STEGH Foundation has the right to cancel this agreement by giving the third party 24 hours' notice. STEGH Foundation is not responsible for damages that may result from cancellation.

By my/our signature/s below, I/we acknowledge that I/we:

- Have received a copy of the STEGH Foundation "Hosting an Event" Planning Guide.
- Understand and agree to follow these procedures, related STEGH Foundation policies and applicable legislation.

Further, I/we agree to:

- Indemnify and hold harmless St. Thomas Elgin General Hospital and St. Thomas Elgin General Hospital Foundation and all its officers, directors and employees from all claims and liabilities in any way related to this event;
- Comply with all relevant municipal, provincial and federal laws.
- Enact liability insurance coverage and waivers with the STEGH Foundation as required.

Event Name _____

Printed Name and Signature _____ Witness _____

Date _____ (Send signed original form to Sue Warden at STEGH Foundation)