

**3rd PARTY/PARTNERING EVENTS AND FUNDRAISING CAMPAIGNS
APPLICATION AND STATEMENT OF INTENT FORM
FOR THIRD PARTY PARTNERSHIP FUNDRAISING EVENTS AND ACTIVITIES**

Cystic Fibrosis Canada – Calgary & Southern AB Chapter requires the following information for insurance purposes, and in order to help support your event. For inquiries or help completing this form call (403) 266-5295. To contribute to the success of your event/activity we can help with:

- Event management and fundraising advice and recommendations
- Donation letters, support letters listing our organization’s charitable registration number
- Issuing charitable and business tax receipts, as per Canada Revenue Agency guidelines
- Event promotion to our membership and volunteers (website, newsletter, email, Facebook)
- Volunteers to support your event (depending on individual volunteer availability)

Guidelines

- Application must be submitted to our office prior to the proposed event/activity
- Approval is granted on a per event basis
- We reserve the right to deny any application for fundraising events that do not compliment the mission of, or project a positive image of our organization
- Permission must be given by our organization for use of our name, logo, tagline and Charitable Registration Number, in conjunction with any event
- Publicity may not imply that the event is sponsored or co-sponsored by Cystic Fibrosis Canada, or that we are involved as anything other than as the beneficiary. Event name listing must include “In support of”, or “Proceeds to” followed by our approved logo
- Organizers must disclose to the public how proceeds are distributed. If our organization will not receive all of the proceeds, then the exact percentage that benefits our organization must be clearly communicated on all related publicity.
- Cystic Fibrosis Canada and all related entities are not liable for any injuries sustained by event volunteers, participants, sponsors or their family or beneficiaries related either directly or indirectly to an event benefiting Cystic Fibrosis Canada, and cannot assume any type of liability for your event.

Part 1: Contact Information and Assurance

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____ Fax: _____

I have read, understood, and agree to abide by the preceding guidelines for special events to benefit the Cystic Fibrosis Canada.

Signature: _____ Date: _____

Part 2: Event Information

Name of Proposed Event: _____

Date of Event: _____ Time(s): _____ Projected Attendance: _____

Type of Event: _____ Demographic of Audience/Participants: _____

Location of Event: _____

Briefly explain the event and how the funds will be raised (ticket sales, sponsorship, auction, a portion of sales, etc.):

Is liquor to be served? Yes No

If yes, please ensure and provide proof that a liquor license has been obtained.

Please note Cystic Fibrosis Canada accepts no responsibility for obtaining liquor licenses for third party events. Third party organizers must apply for such licenses and provide a copy to the chapter before the event takes place.

Is a gaming license required (i.e.: raffles, 50/50 draws)? Yes No

(Cystic Fibrosis Canada is the only eligible party to apply for a gaming license. Gaming licenses require that Cystic Fibrosis Canada meet strict reporting guidelines and procedures. Full particulars for the activity must be strictly observed. We reserve the right to deny licensed gaming activities. Gaming licenses may take several weeks.)

Are you requesting volunteer support from us to assist at your event? Yes No

If yes, please list the specific details (timing, number of volunteers, special requirements, etc.):

Volunteers are not guaranteed to be available for your event, but we will advertise for them on your behalf.

Will official charitable tax receipts be required? Yes No
(Receipts are only issued based on Canada Revenue Agency regulations.)

Will you be including our Organization's infection control policy Yes N/A

Will you be securing sponsors? Yes No

If yes, please specify (list any major sponsors, specific industries or groups involved, etc):

Part 3: Promotion

Would you like your event to be listed on our website? Yes No

Would you like your event included in our monthly CF Connections Newsletter? Yes No

Will you be preparing a media release for your event? Yes No

Please list any Celebrities or VIP's attending your event:

Do you require Cystic Fibrosis Canada promo material (posters, brochures) Yes No

If yes, please indicate the approximate quantities below:

Balloons	_____	Brochures	_____	Posters	_____
Flyers	_____	Stickers	_____	Coin Boxes	_____

Are you requesting to borrow a banner? Yes No

Please specify tentative date(s) you are able to pickup your supplies: _____

Will the Cystic Fibrosis Canada name and logo be used? Yes No

If yes, describe where and how you wish to use the name and logo. *(Approval is required prior to use).*

Part 4: Budget

Will other charitable organizations also benefit from this event? Yes No

If yes, please list: _____

If applicable to your event, please complete the initial estimated budget below. Please note that we realize these figures are estimated, however, please use your best guess – you will not be restricted to these numbers. All expenses must be paid from the revenue generated from your event.

Income:	
Ticket Sales or Registration Fees	\$
Sponsorship	\$
Other (<i>please specify</i>):	\$
Total Proposed Income: (A)	\$

Expenses:	
Venue Rental	\$
Food & Beverage	\$
Printing (<i>tickets, posters, etc.</i>)	\$
Advertising	\$
Prizes	\$
Other (<i>please specify</i>):	\$
Total Estimated Expenses: (B)	\$

Total Estimated Net Revenue: (A-B)	
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By signing below you acknowledge that no materials bearing Cystic Fibrosis Canada name and/or logo will be printed without pre-approval by the organization of the draft artwork and content. Further, you acknowledge that all net proceeds from this event will be given to the Cystic Fibrosis Canada (unless previously noted herein).

EVENT ORGANIZER	DATE
(print name)	(signature)

This event or fundraising activity has been approved by Calgary & Southern Alberta Chapter. Any changes in the nature or conduct of the event must be approved by Chapter Executive Committee.

CHAPTER	DATE
(print name)	(signature)

Once your event is approved, Cystic Fibrosis Canada then relies on your donation. **We appreciate the proceeds of your event being submitted to the Calgary & Southern AB Chapter office within 30 days following your event. *Thank you for your support!***

Please return this completed application to:
 Cystic Fibrosis Canada- Calgary & Southern Alberta Chapter
 1130F 44 Ave SE, Calgary, AB. T2G 4W6