

Event Application Form

Application must be approved by the Medicine Hat & District Health Foundation prior to promoting or hosting your event.

Your Information

Name of Group _____

Primary Contact _____

Mailing Address _____

City _____

Phone _____

Email _____

Role _____

Postal Code _____

Alternate Phone _____

Briefly describe the event and how funds will be raised.

How many people do you expect to attend the event?

What is your expected revenue for the event?

Event Information

Name of Event _____

Start Date _____

Start Time _____

Name of Venue _____

Location of Venue _____

End Date _____

End Time _____

Are you planning on hosting a raffle? YES NO

Do you understand and agree that you are responsible for obtaining all insurance and/or licences required for the proposed event? YES NO

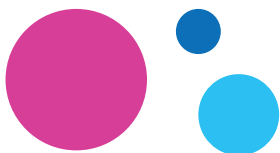
Do you understand and agree that all event costs are to be covered by the event organizer? YES NO

Will the Medicine Hat & District Health Foundation be the sole beneficiary of the event? YES NO

Does the event organizer agree that the Medicine Hat & District Health Foundation will receive all revenues from the event within 60 days of the event end date? YES NO

Do you understand and agree that all promotional materials for the proposed event must be approved by the Medicine Hat & District Health Foundation prior to being released? YES NO

Do you understand and agree that the Medicine Hat & District Health Foundation will not assume any financial or legal liability along with any damages that may incur at the event. YES NO



Event Application Form (Cont.)

Please indicate if you require the following for the proposed event (requires three weeks notice).

- Endorsement letter
- Print materials about the Medicine Hat & District Health Foundation
- A member of the Medicine Hat & District Health Foundation to speak at your event
- Volunteers

Please indicate either the fund or area you would like the raised funds designated to:

- Greatest Needs
- Children's Health
- Women's Health
- Men's Health
- Senior's Health
- Mental Health
- New Tech
- Other

Please complete, sign and return the application to the address below.

Applicant Signature _____

Print Name _____

Date _____

Area/Department _____

Medicine Hat & District Health Foundation

Donor Relations Coordinator
666 5 Street SW
Medicine Hat, AB T1A 4H6

P 403 528 8133 **F** 403 502 8649
E health.foundation@ahs.ca

Visit myhealthfoundation.ca for more information.

Thank you! Our Annual Giving Coordinator will contact you upon receiving your application.



Event Budget Sheet

Keep your event on budget with this Event Budget Sheet! Mark down any form of expected event revenue and the expenses you incurred to host this event. If you expect some expenses to be donated, please indicate that. All costs of the event are to come out of event proceeds or to be paid directly by the event organizer.

	Revenue	Expenses
Sponsorship		
Registration Fees		
Ticket Sales		
Donations		
Ancillary Fundraising (Silent auction, raffle, etc.)		
Venue Rental Cost		
Printing (Tickets, posters, etc.)		
Security		
Advertising		
License Fees		
Prizes		
Other		
TOTAL		

Total Revenue: \$ _____

(Subtract) Total Expenses: \$ _____

= Total Profit (to be donated to Health Foundation) \$ _____

Please note that events such as Bingos, Raffles, Casinos, 50/50 Draws, and Alcohol Permits are regulated by the Gaming Services Act and take at least 4 weeks to process the applications.

Post-Event Report

Reflect on the success of your event and submit your answers to the Health Foundation.

Name of Group _____

Name of Event _____

Date: _____

of Participants: _____

REVENUE

Ticket Sale \$ _____

Sponsorship \$ _____

Raffle \$ _____

Auction \$ _____

Direct Donation \$ _____
(to MH&DHF)

Other \$ _____

EXPENSES

Advertising \$ _____

Food/Beverage \$ _____

Entertainment \$ _____

Award/Prize \$ _____

Venue \$ _____

Security \$ _____

Other \$ _____

Other beneficiaries besides the Health Foundation:

Percentage of Net Proceeds to benefit Health Foundation: _____ %

Final proceeds to Health Foundation: _____

Please list the names of all companies who sponsored your fundraiser: _____

MEDICINE HAT HEALTH FOUNDATION FEEDBACK:

1. Was the application/approval process for your event easy to understand? YES NO

If no, please explain why: _____

2. Do you feel that the Medicine Hat & District Health Foundation assisted you with all of the questions you may have had? YES NO

If no, please explain why: _____

3. Did your event meet your expectations? YES NO

If no, please explain why: _____

4. Were there any media broadcasts or articles about your event? If so, where was your event mentioned? If possible, include a copy. We would love to see it! YES NO _____

5. Do you plan to organize this event again? YES NO

If no, please explain why: _____

Please submit the post-event report via:

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Donor Relations Coordinator

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Medicine Hat, AB T1A 4H6

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Thank you!