

Thank you for thinking of Canuck Place Children's Hospice (CPCH).
If you, or your organization, wish to host a special event or program to benefit Canuck Place Children's Hospice, we request you submit this completed proposal to the Development office for approval.

Please mail or fax this form to *Director, Community Partnerships* at:
Canuck Place Children's Hospice
ATTN: Development Office
1690 Matthews Avenue
Vancouver, B.C. V6J 2T2 ***Fax: (604) 646-1345***

Once the Event has been officially approved, a signed copy of this form will be forwarded to the applicant. If you have any questions concerning this application or the agreement, please call the Canuck Place Children's Hospice Development office at (604) 646-1340.

NOTE: APPLICATIONS MUST BE APPROVED BY CANUCK PLACE CHILDREN'S HOSPICE – DEVELOPMENT OFFICE PRIOR TO PUBLICIZING OR HOLDING EVENT

CONTACT INFORMATION:

Name of Organization planning the Event: _____

Please select the category that best describes you:

Corporation School Community Service Club Individual

Name of Contact Person: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone (Business): _____ Phone (Home): _____

Fax: _____ E-Mail: _____

EVENT INFORMATION:

Name of Event: _____

Type of Event: One-time Annual Ongoing Gaming*
(*if Gaming – please see "Gaming Event Information" Page 3)

Date of Event: _____

Location of Event: _____

Date contribution to Canuck Place Children's Hospice is expected: _____

Target Market: Family/Friends Members Customers General Public

What inspired you to hold this event? (eg. Connection to Canuck Place?) _____

FINANCIAL INFORMATION:

Proposed Budget:

All costs to come out of the proceeds or to be paid directly by the event organizer.

TOTAL EXPECTED INCOME: (eg. donations, auction, ticket sales, food & beverage sales, etc.) A \$ _____

EXPENSES: (include costs such as advertising, food, entertainment, rentals) B \$ _____

ANTICIPATED NET PROCEEDS: (*A minus B equals C*) C \$ _____

AMOUNT / PERCENTAGE OF NET PROCEEDS:
(to be given to Canuck Place*) D \$ _____

*In order to keep administrative costs down, we ask that money submitted be in the form of one cheque and that a copy of the event agreement, or a letter, accompanies the cheque outlining the name and date of the event along with any other pertinent information.

If there are pledge forms to submit from your event, please attach one cheque for the overall balance along with the pledge forms.

POTENTIAL SUPPORT TO BE PROVIDED BY CANUCK PLACE CHILDREN'S HOSPICE:

Please indicate if you require any of the following promotional tools from the Canuck Place Children's Hospice Development office:

- Use of DVDs (eg. family stories)
- Fact Sheet _____ Brochures _____ (please indicate quantity)
- Donation / Pledge Forms
- Event listed on the Canuck Place website or web page (based on space and lead time).

In order for us to fulfill your request for support, two weeks notice should be given prior to the start of the event/campaign.

EVENT DETAILS:

Briefly describe the event and how the funds will be raised (if you have done a similar event for Canuck Place in the past, it is not necessary to complete this section).

Gaming Event Information:

To raise funds from Canuck Place Children's Hospice with a gaming event we require that the event be licensed[^]. Licenses are obtained by, are in the name of, and are the responsibility of event organizers.

Gaming Event Type: Raffle Bingo Casino
 Other – please specify: _____

Status of Gaming License: Applied for (pending approval) Approved by BC Gaming

In hosting a Gaming Event for the purposes of raising funds for Canuck Place Children's Hospice,
 We / I agree to obtain the necessary license(s) and comply with Government regulations[^]. _____
Initial

[^]A copy of the approved BC Gaming License must be submitted to Canuck Place.

For information on the **Ministry of Public Safety and Solicitor General's Gaming Policy and Enforcement Branch's** "Guidelines for Applying for a Class 'A' or Class 'B' Gaming Event License", please view the **BC Gaming Commission** website at: www.pssg.gov.bc.ca/gaming

PUBLIC RELATIONS INFORMATION:

Briefly describe the proposed publicity plan for the event / program:

Will the publicity be handled by a professional agency? YES NO

If yes, please name the agency:

Will promotional materials, such as flyers and posters, be printed? YES NO

If yes, please indicate the extent of distribution & dates of release:

Does your organization plan on using the name of Canuck Place Children's Hospice in your printed materials & in your publicity? YES NO

PLEASE NOTE: All materials featuring the name and logo of Canuck Place Children's Hospice must be approved by the Canuck Place Development Office before publication.

PRIVACY STATEMENT:

Canuck Place Children's Hospice is committed to protecting the privacy of personal information in our possession, in accordance with the Personal Information Protection Act (PIPA).

The information collected on this form will be used by CPCH Development office to contact you about this event and for processing the fundraising application.

If you have any questions about our privacy policy simply call us (604) 646-1340
or email: privacy@canuckplace.org

CPCH - INDEPENDENT SPECIAL EVENTS POLICIES

Independent Special Events, or third-party fundraisers, are a very important component of the fundraising activities of Canuck Place Children's Hospice (CPCH). Beyond the funds raised, these events create awareness and bring new support to the Hospice.

In order to ensure Independent Special Events have a positive impact on the public image of Canuck Place, the following policies must be followed:

1. The Canuck Place Children's Hospice logo is a registered trademark; unauthorized use is prohibited.
2. Official tax receipts will only be used in accordance with the Canada Customs & Revenue Agency guidelines. The final decision to issue official tax receipts rests with Canuck Place Children's Hospice.
3. Whenever possible, Canuck Place Children's Hospice would appreciate written information or photographs which may be included in Hospice publications and/or website.
4. Canuck Place Children's Hospice **does not** participate in the following types of fundraising:
 - Programs that involve a professional fundraiser, telemarketing and/or an agreement to raise funds on a commission, bonus or percentage basis (with the exception of cause related marketing programs developed with corporate partners).
 - Events which promote the use of tobacco
 - Vending machine sales
 - Events involving promotion of a political party, candidate or appearing to endorse a political activity
 - Directly soliciting funds door-to-door, through telemarketing, or through non-development internet methods
5. Guest attendees from Canuck Place Children's Hospice will receive complimentary tickets or admission when invited to speak or attend an Independent Special Event.

6. Terms & Conditions with respect to Insurance Coverage:

Canuck Place Children's Hospice special/sporting event insurance policy **does not** extend to this event. Third party organizers are required to arrange for appropriate insurance coverage for the event. By accepting the terms and conditions set forth in this application, the event organizer(s) clearly understand that they are accepting responsibility for claims that may arise as a result of the event.

**AGREEMENT for Special Event or Program
benefiting Canuck Place Children's Hospice**

_____, the **SPONSORING ORGANIZATION**,
agrees to organize and implement a special event / program on _____,
date / period
to benefit Canuck Place Children's Hospice.

The special event / program shall be described and referred to publicly as follows:

The **SPONSOR** agrees to use only the authorized name of Canuck Place Children's Hospice in any media and printed materials relating to the special event (if name is to be used).

NO COST or LIABILITY associated with this event shall be incurred by Canuck Place Children's Hospice.

Canuck Place Children's Hospice agrees to provide the **SPONSOR** with recognition commensurate with the level of giving as set forth in the Donor Recognition Policy.

The **SPONSOR** agrees to handle any monetary transactions and to present the proceeds to Canuck Place Children's Hospice within **30 days following the event**.

The **SPONSOR** will provide staffing and volunteers for the special event.

The **SPONSOR** agrees to use its own mailing list for the special event.

The **SPONSOR** will obtain all necessary permits, licenses or insurance.

The **SPONSOR** agrees to follow Canuck Place Children's Hospice receipting policies that adhere to the Canada Customs and Revenue Agency.

Canuck Place Children's Hospice reserves at any time the right to withdraw the use of its name.

If the event is cancelled, the sponsor will notify Canuck Place Children's Hospice prior to the original event day.

Signed: _____ Date: _____
Sponsor

Approved: _____ Date: _____
Canuck Place Children's Hospice