



# Special Event Proposal

Thank you for choosing to support Camino Wellbeing + Mental Health

We'd like to know a little bit more about you and your fundraiser. Please fill out as much information as you can. Please submit your application at least 30 days in advance of your event for approval.

Date Submitted: \_\_\_\_\_

## Contact Information

Name of company/group organizing the event: \_\_\_\_\_

What is your connection with us?: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel.: \_\_\_\_\_ Tel. (Alt): \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

## Event Information

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Name of Proposed Event: \_\_\_\_\_

Please provide a brief description of your event or product idea and outline how funds will be raised (for example, ticket sales, auction, product sales, pledges):

Will liquor be served? Yes  No  If so, who holds the liquor license? \_\_\_\_\_

Is this the first year of the event? Yes  No  Past beneficiary, if applicable: \_\_\_\_\_

Estimated number of participants or attendees: \_\_\_\_\_

Will any portion of the proceeds be going to other organizations? Yes  No

If Yes, Who? \_\_\_\_\_ Estimated event revenue: \_\_\_\_\_

What support do you require from Camino Wellbeing + Mental Health?

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Table Display              | <input type="checkbox"/> Brochures    | <input type="checkbox"/> Banners         |
| <input type="checkbox"/> Donation Forms & Envelopes | <input type="checkbox"/> Presentation | <input type="checkbox"/> Volunteers      |
| <input type="checkbox"/> Speakers                   | <input type="checkbox"/> Use of logo  | <input type="checkbox"/> Tax Receipt(s)* |

\*Tax receipts will be issued according to Canada Revenue Agency guidelines. The issuing of receipts must be approved by Camino Wellbeing + Mental Health prior to the event.

Will your event be promoted:  Privately (internally)  Publicly  Both

How will you promote your event?

- Posters/Flyers  Social Media  Radio/TV  Website  Other: \_\_\_\_\_

Please tell us any additional information or ask any questions of us that you might have:

## Agreement

I, \_\_\_\_\_, agree that the information in this form is the best representation of the event I/we plan on organizing on behalf of Camino Wellbeing + Mental Health.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camino Wellbeing + Mental Health truly appreciates your charity efforts and wishes your organization every success in this venture!**