

Event Proposal Form

Please complete, sign, and return the Event Proposal Form to the address below at least three weeks prior to the event. Please keep a copy for your files. We will do our best to acknowledge receiving your application within 24 hours and approve your application within one week.

St. Thomas Elgin General Hospital Foundation

Attention: Tony Chacko Varghese
189 Elm Street, St. Thomas, ON N5R 5C4
T: 519.631.2030 x 2722
C: 226-268-5664
E: tony.chackovarghese@steghfoundation.ca

Contact Information:

Name of Person or Organization Planning Event _____

Main Contact Name _____

Mailing Address _____

City/Province _____ Postal Code _____

Telephone _____ Email _____

Additional Contacts (please list) _____

Name of Proposed Event _____

Event Date(s) Event Time _____

Event Location/Address _____

Description of Event (Attach info if needed) _____

Will this be a multi-year event to benefit the STEGH Foundation? Yes____ No____ Not Sure _____

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

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

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

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

Estimated revenue from event: _____ Estimated expenses: _____

Estimated donation to the STEGH Foundation: _____

Do you need support with volunteers at your event? Yes _____ No _____

In what capacity (e.g. selling 50/50 tickets, taking donations, event support, general presence, etc.)? If requesting volunteers, please include how many are needed.

Indicate the start time and duration for volunteer support: _____

**Please note, the STEGH Foundation is committed to supporting all Third-Party events, however we may not be able to attend all events due to staff/volunteer availability. We appreciate your understanding and look forward to working with you to make your event a success!*

Promotion:

Please circle how you intend to promote the event:

Brochures/flyers/posters Newsletters Social Media Personal Network Email

Other, please specify: _____

Do you need help promoting your event? Yes _____ No _____

If you selected yes, the STEGH Foundation will work with you to explore opportunities to support and amplify your event.

Event Proposal Form Letter of Agreement

- 1) I acknowledge St. Thomas Elgin General Hospital (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 retain these 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 all necessary staffing and/or volunteers for this event. Event organizers are fully responsible for their own staffing and volunteer support.
- 4) The proceeds from this event will be directed to the highest priority needs at STEGH, unless otherwise agreed upon.
- 5) Net proceeds from this Third-Party Event will be remitted to STEGH Foundation within two months of the Third-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:

- Understand and agree to follow these procedures, related STEGH Foundation policies and applicable legislation.

Further, I/we agree to:

- Identify and hold harmless STEGH and STEGH 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 _____