

## EVENT PROPOSAL FORM

PLEASE PRINT, SIGN AND FAX to 503-892-1922 or EMAIL to [kcallaghan@Joyrx.org](mailto:kcallaghan@Joyrx.org)

Event Title \_\_\_\_\_

Event Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Expected Gross \$ \_\_\_\_\_ Expected Expenses \$ \_\_\_\_\_ Expected Net to CCA \$ \_\_\_\_\_

How will income be generated? (tickets, auction, etc.) \_\_\_\_\_  
\_\_\_\_\_

How and when will income be collected? \_\_\_\_\_  
\_\_\_\_\_

Publicity/promotion to publicize the event, obtain participants, etc. \_\_\_\_\_  
\_\_\_\_\_

Alcohol involved:  No  Yes

Number of expected participants: \_\_\_\_\_

Does sponsoring organization agree to assume all costs of the event?  Yes

Sponsoring Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

ON BEHALF OF THE SPONSORING ORGANIZATION, I AGREE TO UPHOLD TO THE STANDARDS ESTABLISHED BY CCA; AND OBTAIN APPROVAL FROM CCA OF ANY AND ALL PROMOTIONAL MATERIAL FOR THIS EVENT INCLUDING LOGOS, PHOTOGRAPHS AND PRESS RELEASE INFORMATION.

SPONSORING ORGANIZATION FURTHER AGREES THAT CCA WILL RECEIVE ALL NET FUNDS FROM EVENT WITHIN 30 DAYS OF EVENT DATE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Authorization Vice President of Development:*

Questions? Contact Katelyn Callaghan, [kcallaghan@joyrx.org](mailto:kcallaghan@joyrx.org) or 503-200-5102.

Children's Cancer Association / 433 NW 4<sup>th</sup> Ave., Portland, OR 97209 / [www.JoyRx.org](http://www.JoyRx.org)