



# Ronald McDonald House Charities Hamilton

## Third Party Event Application

Contact Information	
Company Name: _____	
Contact Name: Last: _____	First: _____
Address: _____ Apt/Unit #: _____	
City: _____ Prov: _____ Postal: _____	
Phone (main): (    ) - ext. _____ Email(main): _____	
Phone (alt): (    ) - ext. _____ Email (alt): _____	
Event Details	
Event Name: _____	
Event Start Date: _____	Event End Date: _____
One Time Event: <input type="checkbox"/>	Monthly/Annual: <input type="checkbox"/> Ongoing: <input type="checkbox"/>
If the event is ongoing, how often will revenue be reported and delivered to RMHCH?	
Event Location(s): _____	Method of Fundraising: _____
Will all proceeds from event be designated to RMHCH? (if not please give details of revenue distribution):	
Will you be seeking donations/sponsorships from businesses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any other parties that were a part of your event that should be thanked by RMHCH? If so please note their contact information:	
I have read and understood the Third Party Fundraising Guideline & Agreement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fundraising Forecasting	
Projected Revenue Goal (less expenses): _____	
Notes:	
Applicant Signature: _____	Date: _____
<b>****For Office Use****</b>	
Date Event Approved: _____	
Staff Signature: _____	