

Holland Bloorview

Kids Rehabilitation Hospital Foundation

Holland Bloorview Kids Rehabilitation Hospital Foundation Special Event Proposal Form



Date submitted	
Name of Individual/ Organization planning event	
Contact person and title	
Mailing address	
Telephone	
Fax	
Email	
Event Name/Type	
Event Date	
Event Time	
Event location and address	

Please provide a brief description of the event:

Please describe how revenue will be generated (pledges, ticket sales, sponsorship, auctions):

Do you require any of the following:

Tax Receipts Yes No

If you want to issue income tax receipts, explain to whom they will be issued and for what purpose (i.e. issued to donors who pledge participants of the event). It is important to discuss receipting issues with Holland Bloorview Kids Rehabilitation Hospital Foundation staff in order to determine whether we are able to issue tax receipts to donors; this ensures compliance with Canada Revenue Agency regulations.

Liquor License Yes No

Please specify if you require promotional or event materials (posters, auction bid sheets, pledge forms, registration forms, banners, brochures):

Do you require a member of the Special Events Team to assist or speak at your event?

Yes No

Does your event require a gaming license?

Yes No

(Please note that the **Gaming Services Act (GSA)** regulates events such as Bingos, Raffles, Monte Carlos/Casinos, 50/50 Draws and alcohol permits. Holland Bloorview Kids Rehabilitation Hospital Foundation staff must apply for the license as stated in the **GSA**. Please allow 4 weeks to process applications).

Please also note that Holland Bloorview Kids Rehabilitation Hospital Foundation will **not** take out liquor licenses for third party events and discourages licensed gaming activities.

Does your event require volunteers, if yes, how many?

Yes _____ No

Does your event require client ambassadors, if yes, how many?

Yes _____ No

Budget Breakdown

Total Revenue Expected: \$ _____

Venue	\$ _____	Food/Beverage	\$ _____
Printing	\$ _____	Advertising	\$ _____
Prizes	\$ _____	Other (please specify)	\$ _____

Total Costs: \$ _____

Total Revenue – Total Costs = Estimated Revenue to Holland Bloorview: \$ _____

I, _____ agree that Holland Bloorview Kids Rehabilitation Hospital Foundation's name and logo are registered trademarks. I agree that a representative of Holland Bloorview Kids Rehabilitation Hospital Foundation must approve this proposal and the use of its name and/or logo prior to publicizing or holding the event. By publicly naming Holland Bloorview Kids Rehabilitation Hospital Foundation as the beneficiary of my event, I agree to donate the full amount of the proceeds raised within 60 days of the event date(s).

Signature of Applicant

Date