

Independent Event Information & Application

FORM & AGREEMENT

Event Name: _____

Event Date and Time(s): _____

Event Location: _____

Brief description of your event, including how funds and awareness will be raised (e.g. ticket sales, auction, product sales, pledges): _____

Contact Name, Title and Company (if applicable): _____

Contact Address: _____

Phone: _____ Fax: _____ Email: _____

Do you have a specific connection to Hospice PEI? _____

Estimated number of participants or attendees: _____

Estimated Gross Revenue: _____ Estimated Costs: _____

Estimated Net Revenue (Amount of donation to Hospice PEI): _____

Will any portion of the proceeds be going to any other organizations, charitable or otherwise? If so, please identify all such organizations, and detail what percentage of net revenues will go to each, including Hospice PEI: _____

Please list any and all corporate sponsors for your event (if applicable): _____

TERMS AND CONDITIONS

1. Use of Hospice PEI's name and/or logo is permitted only with prior approval, and only according to Hospice PEI's guidelines for use;
2. This application must be approved prior to requesting or receiving any event-related donation/sponsorship (cash or in-kind) from any organization or individual;
3. The organizer agrees to underwrite all costs for the event;

4. The organizer agrees to obtain all necessary permits, licenses and insurance related to the event
5. The organizer must submit to Hospice PEI a detailed financial breakdown of all expenses and revenues within 30 days following the event. If all money has not been collected, the organizer will update Hospice PEI monthly until funds are received and processed;

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6. The organizer of the event that is the subject of this agreement shall indemnify and hold harmless Hospice PEI, its officers, directors, and employees, from and against any and all claims, liabilities, costs, fines and expenses (including reasonable attorneys' fees) arising out of any claims or suits, or threats of suits which may be brought against Hospice PEI for any reason in connection with this event and including but not limited to: (i) the organizers' breach of obligations under this agreement including the organizers' obligations to comply with applicable law, (ii) the organizers dealing with any third parties including third party contractors, (iii) any unauthorized use by the organizers of Hospice PEI's name, logo, or other proprietary symbols or information, or any unauthorized verbal presentations, or (iv) any negligence or willful misconduct by the organizers or its employees, contractors, or agents. The organizers' obligations hereunder shall survive the termination of this agreement. The organizers shall retain insurance sufficient to cover any personal injury experienced by their staff, volunteers, participants or anyone else involved in the event or related pre or post event activities, and Hospice PEI will be understood to be absolved of any such liability. Hospice PEI will not be held liable for any injury to or actions by the organizers, their staff or volunteers, any event participants or anyone else involved in the event or any related pre or post event activities, resulting in any claims of liability during the event or during any related pre or post event activities;

7. Hospice PEI reserves the right to withdraw the use of its name at any time;

8. If the event is cancelled or rescheduled, the organizer will notify Hospice PEI as soon as possible but at least 24 hours prior to the original date of the event.

I, _____, have read and understood the above terms

(please print)

and conditions and agree to abide by them:

Signed: _____ Dated: _____

(Independent Event Organizer) (mm/dd/yyyy)

Once completed and signed, please submit this application form and agreement to:

Email: development@hospicepei.ca

c/o Development Department OR Subject Line: Fundraising Application

A Hospice PEI representative will contact you after receiving your submission.

For Internal Use Only

Approved When Signed: _____ Date: _____

Quantity of Materials being provided:

General Information brochures Annual Reports

Donation Envelopes Other (please specify)

Tax Receipts required?

Comments:

For Internal Use Only

Approved When Signed: _____ Date: _____

Quantity of Materials being provided:

General Information brochures: _____ Annual Reports: _____

Newsletters: _____ Other (please specify): _____

Tax Receipts required? _____

Comments: _____
