

EVENT PROPOSAL FORM



Note: This Application must be approved by the the Children’s Hospital of Buffalo Foundation prior to publicizing or holding an event

Beneficiary: John R. Oishei Children’s Hospital (OCH)

1) Name of Group/Company Planning Event: _____ Date: _____
 Name of individual responsible: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Tel: () _____ Business Tel: () _____ Fax: () _____
 E-mail: _____

2) Name of proposed Event: _____
 Date: _____ Time: _____
 Location of Event: _____ Location Phone#: _____
 Address: _____ City: _____

3) Briefly describe the event and how the funds will be raised. Please list the names and addresses of your volunteers: *Use back side if needed:*

Please restrict funds to: _____

4) Proposed Budget: All costs to come out of proceeds or to be paid directly by event organizer. Please list all costs even if you expect them to be donated.

COSTS

Location.....	\$	
Food/Beverage	\$	
Printing (tickets, posters, etc.).....	\$	
Advertising.....	\$	
Prizes	\$	
Other(please specify)	\$	
TOTAL COSTS:	\$	
Total Expected Income	\$	
(-) Total Costs	\$	
(=) Revenue to John R. Oishei Children’s Hospital (OCH)	\$	

5) Does your event require a license? Yes No

6) Please attach a copy of Insurance Certificate if applicable.

7) Please be advised that by publicly naming The Children’s Hospital of Buffalo Foundation as the beneficiary of your initiative, you are required to donate 100% of the net revenues raised on our behalf. By signing below you agree CHOB Foundation will receive all net revenues from the event within **30 days** of the event.

8) By signing below, you agree that all publicity for the proposed event **must** be approved by the CHOB Foundation prior to being printed, released, etc. Logo examples are provided on the next page.

SIGNATURE OF APPLICANT: _____ DATE: _____

Please return the completed and signed form to: CHOB Foundation, 1028 Main St., Fl 4 Buffalo, NY 14202
Questions? Please call 881-8230

Acknowledgment of your application will be forwarded to you within 10 business days. **Your Support is greatly appreciated.**

For Foundation Use Only: Approved By: _____ Date Approved: _____ Record #: _____



JOHN R. OISHEI
Children's Hospital



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