



CHILDREN'S  
HOSPITAL

## SPECIAL EVENTS

# PROPOSAL

### Welcome

Thank you for your sincere interest in helping Children's Hospital. Our young patients are our first priority and contributions help us continue to provide superior healthcare.

A child is never turned away from Children's Hospital regardless of the family's ability to pay. Each year, Children's Hospital records more than 150,000 patient visits, with children coming to us from all 64 parishes in Louisiana, almost every state in the nation and several foreign countries.

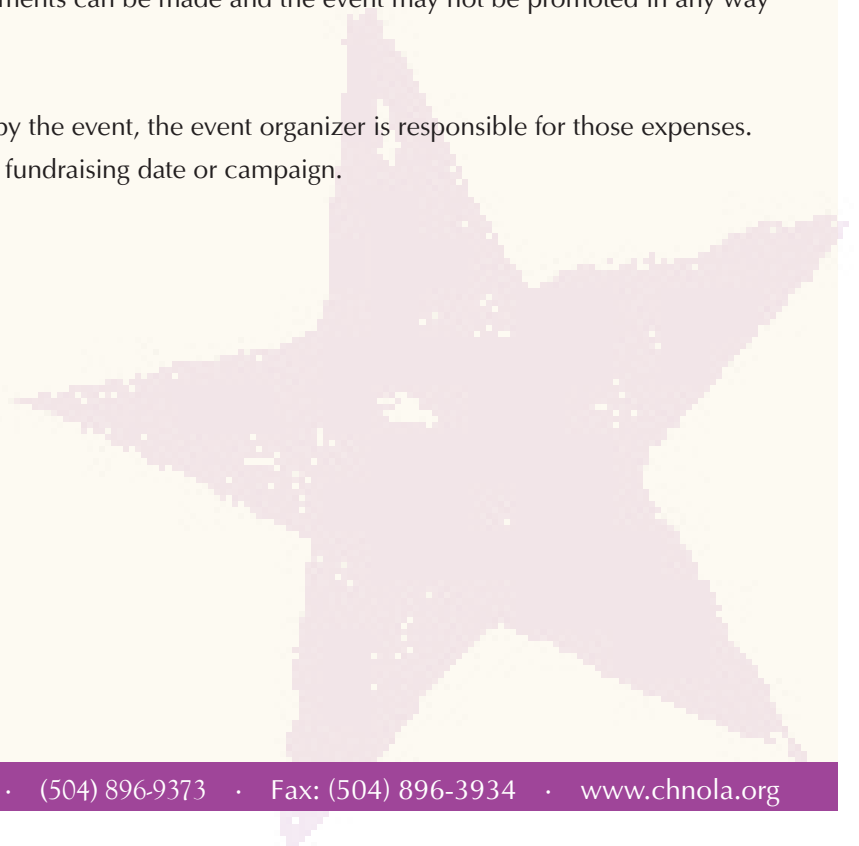
### Event Guidelines

If you are interested in hosting an event or fundraiser on behalf of Children's Hospital, we request that you complete an event proposal form to outline the details of your event. This form will provide us with a clear understanding of your event and will let us know what, if any, support or assistance you will be requesting from the hospital staff and/or volunteers.

Children's Hospital is accountable to the public for fund-raising activities using Children's Hospital's name. Because the hospital receives many requests for fundraisers, this proposal form is not a guarantee of approval. The following information must be submitted to the hospital for review and approval before proceeding with event plans. We must make certain that dates do not conflict or that the same sponsors are not asked once too often.

Until the event is approved, no public announcements can be made and the event may not be promoted in any way with the Children's Hospital name and/or logo.

If event expenses are greater than money raised by the event, the event organizer is responsible for those expenses. Proceeds must be received within 30 days of the fundraising date or campaign.





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Date: \_\_\_\_\_

### Sponsor Information

Contact Name: \_\_\_\_\_ Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Company Web site: \_\_\_\_\_

### Event Information

Name of event: \_\_\_\_\_ Type of event: \_\_\_\_\_

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

Description of event: \_\_\_\_\_

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

Has the location of the event been secured?  Yes  No

Is the event open to the public?  Yes  No By invitation only?  Yes  No

Has this event taken place before?  Yes  No If yes, when? \_\_\_\_\_

### Budget/Fundraising

Will Children's Hospital be the sole beneficiary of this event?  Yes  No

(If no, please list other beneficiaries) \_\_\_\_\_

Approximate number of people expected to attend: \_\_\_\_\_ Anticipated gross revenue \$ \_\_\_\_\_

Anticipated expenses \$ \_\_\_\_\_ How will expenses be paid? Please list. \_\_\_\_\_

Anticipated net revenue \$ \_\_\_\_\_ Anticipated donation to Children's Hospital \$ \_\_\_\_\_

Expected date of donation \_\_\_\_\_

Will the event be sponsored or underwritten by another organization or business?  Yes  No

If yes, please specify organization: \_\_\_\_\_

Price structure of event (entrance fee, ticket cost, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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*continued*

Briefly describe how funds will be raised ( i.e. ticket sales, pledges, sponsorship, auction, raffle, etc.) \_\_\_\_\_

Will your gift be restricted to a specific use?  Yes  No If yes, please explain? \_\_\_\_\_

Does your event require a license?  Yes  No

*Please note: As with any fundraising event or proposed raffle, please adhere to federal, state and local laws regarding gaming permits.*

Will you expect Children's Hospital to provide volunteers?  Yes  No How many? \_\_\_\_\_

Name of insurer\* \_\_\_\_\_

*Children's Hospital may require the insuring of any special event/fundraiser. The hospital assumes no liability related to special events conducted on its behalf.*

Because the hospital solicits a large number of local businesses, prior approval may be necessary before asking for donations. Please list all businesses, civic or social organizations, or foundations which will be or have been solicited for underwriting, sponsorship, in-kind giving, auction items or other contributions for this event. (Attach an extra sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Publicity & Promotions

For publicity purposes, a contact name and number that can be publicly listed:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Web site: \_\_\_\_\_

How will the event be publicized (press releases, flyers, TV/Radio, newspapers, magazines, Web site)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to use the Children's Hospital logo or name on event materials?  Yes  No

*Review and approval must be received prior to printing materials with the hospital logo or name.*

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

Please mail or fax completed application to: **Children's Hospital**  
**Attn: Public Affairs Dept.**  
200 Henry Clay Avenue  
New Orleans, LA 70118  
(504) 896-9373  
Fax: (504) 896-3934