

## Third Party Event Proposal Form

\_\_\_\_\_  
**Group/Individual Planning Event**

\_\_\_\_\_  
**Name of Person Responsible for Event**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Town/City**

\_\_\_\_\_  
**Province**

\_\_\_\_\_  
**Postal Code**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Business Phone**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Fax Number**

**Please select the category which best describes your group/organization:**

Business     School     Community     Service Club     Other \_\_\_\_\_

### About the Event

\_\_\_\_\_  
**Name of Event**

\_\_\_\_\_  
**Date of Event**

\_\_\_\_\_  
**Location of Event**

\_\_\_\_\_  
**Time of Event**

\_\_\_\_\_  
**Target Market**

*(i.e. group members, general public, family)*

\_\_\_\_\_  
**Estimated Number of Participants**

**Is this event**     One time     Annual     On going

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



During our lifetime the need for  
 quality health care touches us all

Will any other charity receive proceeds from the event?  Yes  No

If yes, who and how will the proceeds be divided?

---



---

**How and where will you use the Health Care Foundation's name and logo?** *(All publicity for the event must be approved by the HCF prior to being printed/released.)*

---

**What is your Cancellation Plan?**

---

### Event Agreement

*By naming the Health Care Foundation as the beneficiary of a Third Party Event, I/we are required to donate the full amount (or partial amount as approved by the HCF) raised on the HCF's behalf. By signing below, I/we agree that the Health Care Foundation will receive a final income/expense report and the proceeds from the event within 30 days following the event.*

*By signing below, I/we have read, understood and agree to adhere to the Health Care Foundation's Third Party Event Policies*

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:**  
 Health Care Foundation  
 71 Goldstone Street, Suite 103  
 St. John's, NL  
 A1B 5C3

Fax: (709)777-5903  
 Email: [hcf@healthcarefoundation.ca](mailto:hcf@healthcarefoundation.ca)

***Make a Difference!  
 Host Your Own Fundraising Event!***



During our lifetime the need for  
 quality health care touches us all