SCHEDULE "A"

EVENT APPLICATION FORM

Third Party Fundraising Event Application Form

Please complete the event application below in preparation for your meeting with the County, as indicated, below:

Contact Information

Contact Name:		
Organization:		
Phone Number:	day	evening
Email Address:		
Mailing Address:		
City/Town	Postal Code	
Event Details:		
Name of proposed event:		
Date(s):		
Event Location:		
Address of Location:		
Description of event:		

How will funds be raised e.g. ticket sales, auction, raffles, pledges, etc?

Cost per person, if applicable:					
Will you be seeking sponsoships? Yes	No				
If yes, who are you seeking sponsorship from? (Attach list, if needed)					

Proposed Budget

All costs will be paid from the proceeds or directly by the event organizer. Please list all event costs even if you expect them to be donated.

COST

Location/Venue			\$	
Food/Beverage			\$	
Printing (tickets, posters, e	etc.)		\$	
Advertising			\$	
Prizes			\$	
Other (please specify)			\$	
Other			\$	
Other			\$	
ANTICIPATED PROCEED	DS			
Ticket Sales			\$	
Auction Proceeds			\$	
Donations			\$	
Sponsorship			\$	
	Sub-to	tal	\$	
	Gift in	Kind	\$	
	Total C	Costs	\$	
(=) Net Dor	nation to Northumberland (County	\$	
Planning:				
How to you plan to promot	te the event?			
Brochures/flyersRadio	 Newsletters Personal network 		t advertising ial Media	□ Posters
□ Other, please specify: _				
Will alcohol be served?				
If yes, who will be obtainin	g liquor license?			
Will there be donated wine	:/liquor?			
Does the organization hav	e third party liability insura	nce? Plea	ase provide det	ails:
Will you need Northumber	land County's support with	donation	receipting?	
Would you like to have a fee	ormal presentation of fund	s after the	event? Yes	No