

Third Party Event Proposal Form

Upon submitting your application, The Arthritis Research Foundation will review and be in touch with you shortly.

Contact Information			
First Name:	Last Name:		
Group/Company:			
Street Address:			
		Postal Code:	
Preferred Telephone:	Em	ail:	
Event Information			
Event Name:		Type of Event:	
Date:	Start Time:	Finish Time:	
Event Venue (if known):			
Address:			
		Postal Code:	
Estimated Attendance:			
•		ised:	
If you would like the funds rai Research Foundation, please	•	esignated to a specific area within The Arthritis	



Proposed Budget

Please fill out this section with any information you may have.

PROJECTED REVENUE		PROJECTED EXPENSES	
Ticket Sales	\$	Venue Rental	\$
Sponsorship	\$	Food & Beverage	\$
Donations	\$	Printing (tickets, posters, etc.)	\$
Fundraising (auctions, pledges, etc.)	\$	Security	\$
Other (please specify)	\$	Advertising	\$
		License Fees	\$
		Prizes	\$
		Other (please specify)	\$
Total Revenue	\$	Total Expenses	\$
Expected Net Revenue		,	,
(Total Revenue - Total Expenses)		\$	

Fundraising Agreement

- I/We will wait for approval from a member of the Special Events Team before promoting and publicizing our event.
- Tax Receipts I/We will discuss the tax receipting process with a member of the Special Events Team before offering tax receipts to donors, ticket purchasers or participants.
- I/We understand that the Arthritis Research Foundation cannot share donor lists with you.
- I/We agree to indemnify and hold the Arthritis Research Foundation harmless against and in respect of any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries and deficiencies, including interest, penalties and reasonable legal fees that may be incurred or suffered by the organizer which may arise, as a result of the applicant's fundraising event or fundraising program, or applicant's performance of its agreement as specified in rules and regulations and in this application.
- I/We agree to adhere to all federal, provincial and municipal laws.

Signad Dy	Data
Signed By	Date

Completed forms can be emailed to info@beatarthritis.ca

Thank you!

Arthritis Research Foundation

1001-522 University Avenue, Toronto, ON M5G 1W7

Tel: 416-586-3224 Fax: 416-586-8639

Email: <u>info@beatarthritis.ca</u> <u>www.beatarthritis.ca</u> Charitable Registration #11929 0773 RR0001