

APPLICATION



Note: All fields are required for a complete application to be considered. Submission of a form confirms you have read and agree to all guidelines and regulations outlined in the toolkit. Return form to: info@capitalizeforkids.com

Contact Information

Applicant/Organization:

Primary Contact:

Address:

City:

Province/Territory:

Postal Code:

Phone Number:

Email:

Event Information

Event Date/Time:

Location:

Event Name:

Anticipated Attendance:

Fundraising Goal: \$

Target Audience:

Please provide a brief description of the proposed event:

If applicable, how many years has this event been hosted? What was the revenue from the previous year?

Would you like a Capitalize for Kids representative to attend the event? Yes / No

If yes, what involvement will they have? **Please note that this is subject to availability.**

Speech

Cheque Presentation

Press Conference

Other:

Are any other organizations affiliated with or receiving proceeds from this event? Yes / No

Additional details:

Acknowledgments

I acknowledge that Capitalize for Kids reserves the right to withdraw its name from the event at any time. I acknowledge that I have read and understand the information contained in the Capitalize for Kids Third-Party Event Toolkit and will adhere to all Capitalize for Kids' Guidelines.

Applicant Name

Applicant Signature

Date

Please make cheques payable to: Capitalize for Kids Foundation, 208 Adelaide St. W., Suite B01, Toronto, ON M5H 1W7