

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. 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