



COMMUNITY EVENT HOSTING FORM

***please fill out and return to the Foundation**

CONTACT INFORMATION:

Name of organization/individual(s) planning the event: _____

If organization, please define:

- ☐ Corporation
- ☐ School
- ☐ Service Group
- ☐ Community Group
- ☐ Other: _____

Name of Primary Contact: _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Preferred Phone (including area code): _____

Email: _____

EVENT INFORMATION:

Name of event: _____

Type of event: ☐ One-time ☐ Annual ☐ Ongoing

Event date: _____ Event time: _____

Location & address of event: _____

Please tell us about your event:

Who is the target audience for your event?

- ☐ Family/friends
- ☐ Employees
- ☐ Members
- ☐ Customers
- ☐ General public
- ☐ Other: _____

How funds will be raised? (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Ticket sales | <input type="checkbox"/> Raffle/50-50 (requires gaming license) |
| <input type="checkbox"/> Merchandise sales | <input type="checkbox"/> Live/Silent auction (requires gaming license) |
| <input type="checkbox"/> Cash donations | <input type="checkbox"/> Event sponsorship |
| <input type="checkbox"/> Pledges | <input type="checkbox"/> Other: _____ |

What inspired you to hold this event?

What is your connection to St. Boniface Hospital?

DISTRIBUTION OF PROCEEDS

What is your fundraising goal? \$ _____

- ☐ Proceeds are to be directed to the area of greatest need at St. Boniface Hospital.
- ☐ Proceeds are to be directed to a specific unit or initiative at St. Boniface Hospital.
Please specify: _____
- ☐ I/We agree to submit the total amount of proceeds from my event to St. Boniface Hospital Foundation within 30 business days of the event end date.

PROMOTIONAL MATERIALS

St. Boniface Hospital Foundation is happy to provide you with promotional materials to support your event. Please indicate below what kind of materials you will need.

- ☐ Foundation banner
- ☐ Donation boxes (#____)
- ☐ Foundation logo (electronic copy)

Please mail, fax, or email your completed form(s) to:

St. Boniface Hospital Foundation
Third Party Events Representative
C1026 – 409 Taché Avenue
Winnipeg, MB R2H 2A6

Fax: (204) 231-0041
Email: events@stbhf.org