



South Muskoka Hospital Foundation- Third Party Event Application Form

Name:

Organization:

Phone:

Email:

Communication Preference (Phone or Email):

Mailing Address:

City:

Postal Code:

Website (if applicable):

Event Name:

Brief Description of the Event:

Proposed Event Date:

Event Location:

Estimated Attendance:

Anticipated Revenue (\$):

How do you plan to raise money for the event (select all that apply)?

- Ticket Sales
- Sponsorships
- Donations
- Silent Auction
- Live Auction
- Raffle
- Other (Please Specify below in "Other Comments")

Other Comments:

Thank you for your interest in hosting an event with proceeds going to South Muskoka Hospital Foundation (SMHF). Your details will be reviewed by the Community Giving Coordinator and the Foundation Event Committee, and you will be contacted with questions, or approval to move forward.