



# Third Party Event Application Form

## Contact Information

Name:

Organization:

Phone:

Email:

Communication Preference (please circle one):      Phone      Email

Mailing Address:

City:

Postal Code:

## Event Information

Event Name:

Proposed Event Date:

Event Location:

Brief Description of the Event:

Website (if applicable):

Estimated Attendance:

Anticipated Revenue:

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

- |   |   |
|---|---|
| <input type="checkbox"/> Ticket Sales                                     | <input type="checkbox"/> Silent Auction |
| <input type="checkbox"/> Sponsorships                                     | <input type="checkbox"/> Live Auction   |
| <input type="checkbox"/> Donations  | <input type="checkbox"/> Raffle         |
| <input type="checkbox"/> Other (please specify below in "Other Comments") |   |

Other Comments:

**Please submit this form via email to Tammy Selkirk at [tammy.selkirk@mahc.ca](mailto:tammy.selkirk@mahc.ca)**

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