



Independent Special Event Application Form

Event Name: _____

Event Date: _____ Event Location: _____

Event Description: _____

Contact Name: _____

Contact Address: _____

Phone: _____ Fax: _____ Email: _____

Estimated Gross Revenue: _____ Estimated Costs: _____

Estimated Net Revenue (Amount of donation to the Victoria Hospitals Foundation) : _____
(Revenue minus costs)

Anticipated Date of Donation: _____
(Ideally within 30 days of the event's conclusion)

Area of care designation: _____
(See full list of care designations in our Hosting Your Special Event brochure and online at www.victoriahf.ca)

Please briefly describe the proposed publicity plan for the event (posters, newsprint, radio, etc.):

Will the publicity be handled by an agency? ___ Yes ___ No

If yes, please name the agency: _____

Agency Contact: _____

Agreement Form

An **Independent Special Event** is a fundraiser held on behalf of the Victoria Hospitals Foundation. It is organized and executed by a company, group, or individual independent of the Victoria Hospitals Foundation. The Foundation does not take a primary role in planning or organizing the event.

_____ (*organizer of the Independent Special Event*) agrees to organize and implement a special event on _____ (*date*) to benefit the Victoria Hospitals Foundation. The special event shall be described and publicly referred to as follows:

_____.

The Independent Special Event organizer agrees to (1) use the authorized name/logo of the **Victoria Hospitals Foundation** in all promotional materials related to the event, and (2) to use authorized name/logo of the **Victoria Hospitals Foundation** according to the provided guidelines for logo usage. The Foundation reserves, at any time, the right to withdraw permission for use of our name/logo.

The Victoria Hospitals Foundation agrees to provide the Independent Special Event organizer with recognition commensurate with the level of giving as set forth in the Victoria Hospitals Foundation's Donor Recognition Policy.

The Independent Special Event organizer agrees to:

- handle any monetary transactions and present the proceeds, financial breakdown, and financial statements to the Victoria Hospitals Foundation within 30 days of the event.
- provide staffing and volunteers for the special event.
- use its own mailing list for the special event.
- follow the Victoria Hospitals Foundation's receipting policies, which adhere to rules and regulations set out by the Canada Revenue Agency

No cost or liability associated with this event shall be incurred by the Victoria Hospitals Foundation.

If the event is cancelled, the Independent Special Event organizer will notify the Victoria Hospitals Foundation as soon as possible prior to the original event day.

I have read and understand the above terms set out by the Victoria Hospitals Foundation for Independent Special Events and I agree to abide by them:

Signed _____ Date: _____
(*Independent Special Event Coordinator*)

Once you have completed this form, please submit it by mail or fax:

Mail: Victoria Hospitals Foundation, #602-620 View Street, Victoria, BC V8W 1J6
Fax: 250-414-6687

A Victoria Hospitals Foundation representative will contact you within five business days of receipt of this form to discuss your event and your involvement with our Foundation.

For Office Use Only

The Victoria Hospitals Foundation grants approval to the named Independent Special Event organizer to raise funds as outlined herein to benefit the Royal Jubilee Hospital and Victoria General Hospital.

Signed: _____ Date: _____
Position: _____

We are committed to protecting the privacy of our donors. The Victoria Hospitals Foundation collects information in accordance with the *BC Personal Information Protection Act*. We do not sell, trade, or rent contact information. If you do not consent to the retention of your contact information, please call 250-414-6688. For further information, go to www.victoriahf.ca.
