Third Party Event Form

Today's Date _____/_____/_____

Name of Group/Company Planning Fundraising Event
____________________________________________________

Contact Name for this Fundraising Event
____________________________________________________

Mailing Address ______________________________________

City _________________________ State_________ Zip________

E-mail Address ________________________________________

Phone Work (_______) ________________________________

Other (_______) ______________________________________

Fax (_______) ________________________________________

Name of Proposed Event ________________________________

Description of event ___________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Date of Event _____/_____/_____ Time of Event ___________

Location of Event _____________________________________

Address_____________________________________________

City _________________________ State_________ Zip________

How will funds be raised (ticket sales, pledges, chance-to-win, silent auction, etc.). Attach a separate sheet if necessary.
____________________________________________________

____________________________________________________

____________________________________________________

Is TCC the only beneficiary? Y / N

If not, what other organization(s)?
____________________________________________________

How will the event be publicized?
____________________________________________________

____________________________________________________

____________________________________________________

What will you need from Tennyson Center?
____________________________________________________

____________________________________________________

____________________________________________________

All businesses you plan to solicit for cash or in-kind support (products or services) must be listed below. Attach a separate sheet if necessary.
____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

TOTAL PROJECTED NET REVENUE _______________

Signature of Applicant
______________________________________________

Printed Name of Applicant
______________________________________________

Please retain a copy of this form for your records.

Thank you for your support of Tennyson Center for Children.

This form may be faxed to 303.433.9701 (Attn: Alicia Perras)

Alicia.Perras@tennysoncenter.org  |  2950 Tennyson Street | Denver, CO 80212

303.433.2541  |  www.childabuse.org