



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.

Have you held this event before? Y/N When ____/____/____

Amount Raised _____ Benefiting _____

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

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