

## Third party event application

## Part 1: Event organizer

Salutation	First name	Last name	
Phone		Email	
Organization	n name (if applicable)		
Type of orga	nization (if applicable, for	example school, business, service club)	
Your connec	tion to Children's Health F	oundation of Vancouver Island:	
Part 2: Evo	ent information		
Event title		Expected number of attendees	
Event location	on	Event date and time	
	nt taken place before?: es, then when:	)	
Brief descrip	tion of event:		
How do you	plan on marketing this ev	ent?:	

Do you intend to use Children's Health Foundation of Vancouver Island's name or logo? (Please	note
that any use of the Foundation's name or logo must be pre-approved by the Foundation.):	

Yes No

Please list what event support you're hoping to have, such as brochures, banners, a guest speaker, social media mentions, or a tour of a Foundation supported facility (*please refer to the Foundation's third party event overview for what the Foundation can support you with*):

Is Children's Health Foundation of Vancouver Island the only benefitting organization?:

Yes

No (If no, please specify which other organization(s):

Will you be looking for a tax receipt for any donations? (Please note, all tax receipts issued by the Foundation must be in accordance with Canada Revenue Agency and pre-approved by the Foundation):

Yes

No

## Part 2: Submitting your application

To complete the application process for your event, please:

- ✓ Please fill out this form and email to give@islandkidsfirst.com
- ✓ Read, sign, and submit the event waiver by emailing it to <a href="mailto:give@islandkidsfirst.com">give@islandkidsfirst.com</a>
- ✓ Read the Foundation's third party event overview document

Have additional questions? We'd be happy to help! Please email give@islandkidsfirst.com or call 250-940-4950.

Thank you for your interest in hosting in event in support of Island kids, youth, and their families!