



## 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

303.433.2541 | www.childabuse.org