



# Special Event Form




Anyone interested in hosting a special event for the Friends of The Moncton Hospital Foundation is asked to complete the following form.

We appreciate you selecting the Friends as the recipient of funds raised from your event.

**Thank you for your support!**

Charitable Registration #118933134 RR0001

**RETURN TO:** Friends of the Moncton Hospital Foundation  
135 MacBeach Avenue  
Moncton NB E1C 6Z8

 506-857-5488  
 Friends@FriendsFoundation.ca  
 FriendsFoundation.ca

Name of Person/Organization hosting event: \_\_\_\_\_

Name of event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Date, time, and location of event: \_\_\_\_\_

Description of event:

\_\_\_\_\_  
\_\_\_\_\_

Event inspiration:

\_\_\_\_\_  
\_\_\_\_\_

What type of market do you plan to target for this event (i.e. general public, businesses, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

How do you plan to market or promote this event?

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to use the **Friends of The Moncton Hospital Foundation** logo and the **H** logo in your materials or publicity?  Yes  No

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2.



How will this event raise funds? \_\_\_\_\_

What degree of involvement do you expect from the Foundation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FINANCIAL INFORMATION—BUDGET

Estimated income from the special event: \$ \_\_\_\_\_

Estimated expenses for the special event: \$ \_\_\_\_\_

Estimated donation to the Foundation: \$ \_\_\_\_\_

Anticipated date the donation will be received: \_\_\_\_\_

Will other charitable organizations benefit from this special event?  Yes  No

If so, please specify organization and donation breakdown:

\_\_\_\_\_  
\_\_\_\_\_

Please note that all fund raising activities organized by a third party for the benefit of The Moncton Hospital **should be submitted** to the attention of Katherine Robertson. She can be reached by phone at 506-862-8703 or by email at [Katherine.Robertson@FriendsFoundation.ca](mailto:Katherine.Robertson@FriendsFoundation.ca).

The undersigned shall indemnify and hold harmless the Friends of The Moncton Hospital Foundation from and against all liability, claims, damages, or expenses due to or arising out of this event. As well, the organizer will obtain at their own expense, all permits and licenses required to conduct the special event. This event should not, by association, have the potential to adversely affect the Hospital or Foundation's image and should not conflict with the Hospital and Foundation's mission and goals, which promote a healthy community.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Foundation use only

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_