



Third Party Event Agreement

Date:

Contact Name: **Organization:**

Telephone: **Mailing Address:**

Email Address: **New Proposal** **Existing Event**

Name of Event: **Venue:**

Type of Event: **Address:**

Date of event: **Telephone:**

Time of Event: **# of attendees:**

Briefly Describe the Event:

Is the event being held in memory or in honour of someone?
 yes **no**

If yes, for whom?

Is the event open to the public?
 yes **no**

Do you require event day volunteers?
 yes **no**

If yes, how many?

1-2 **More than \$5,000**

3-5 **\$1,000 -\$5,000**

5+ **Less than \$1,000**

What % of proceeds will be donated to Hospice Niagara:

Will you require a HN representative to speak at your event? **yes** **no**

Will there be a post-event cheque presentation? **yes** **no**

Third Party Event Agreement

I/We: propose to organize and conduct an event to be called:

at: on:

- I/We agree to donate the net proceeds to Hospice Niagara.
- I/We hold harmless Hospice Niagara for any and all liabilities associated with this event, unless prior written consent to cover expenditures is received from Hospice Niagara's Executive Director.
- Any signage or materials utilizing the Hospice Niagara logo or other public relations materials must be authorized in writing by Hospice Niagara.
- I/We understand and acknowledge that Hospice Niagara does not issue tax receipts for third party events unless it is an outright donation made out directly to Hospice Niagara.

**See page 2 of Third Party Event Guidelines for more information.*