



Smilezone Foundation Third Party Event Application

EVENT ORGANIZER INFORMATION

Name of Contact: _____ Date: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Name of Organization/Company associated with event (if applicable): _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Is your organization a nonprofit 501 (c) (3)? Yes No

EVENT INFORMATION

Name of Event: _____ Event Date: _____

Projected attendance: _____

The event is: Open to the public By Invitation By Ticket; Ticket Price (if applicable): _____

What sort of involvement do you want from Smilezone Foundation?

Please provide a brief description of event: _____

Event Location Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Does the event require a permit? * Yes: _____ No

Does the event require insurance? * Yes: _____ No



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FINANCIAL INFORMATION

How will funds be raised (please check all that apply)

Pledges Auction(Live/Silent) Ticket sales Donations

Gaming/individual activities (Please specify): _____

Sale of Goods (please specify): _____

Other (please specify): _____

Please indicate the date you expect Smilezone Foundation will receive the funds from your event?

Are there sponsors supporting the event? Yes No

If yes, please list who they are: _____

Will the proceeds of your event be contributed solely to Smilezone Foundation? Yes No

If no, please list other beneficiaries, and what percentage is being allocated to Smilezone Foundation:

*Please attach a copy of any licenses, permits and proof of liability insurance that are required for executing this event.

Smilezone Foundation is not able to provide volunteers for your event. Recruitment of volunteers must be completed by the event organizer or third-party organization. Smilezone Foundation is not able to provide sponsorship contacts or source sponsorship opportunities for your event. The event organizer or third-party organization will be responsible for all tasks pertaining to sponsorship, partnerships and solicitation for the event.

At no time will Smilezone Foundation, or any representative of Smilezone Foundation, be responsible for the cost or staffing of my event, nor will they be liable for personal injuries or damages to property which may occur during my event. I agree to indemnify and hold harmless Smilezone Foundation and their employees, board members, and representatives from any and every claim, demand, suit, and payment related to or caused by my event. I specifically agree to all the terms and conditions contained in the "Policies and Procedures for Third-Party Fundraisers" attached to and made a part of this application. I understand that my event is not considered an approved event until written approval of my application is received from Smilezone Foundation. No amendment, modification, or waiver of any of the terms and conditions contained in this document and the "Policies and Procedures for Third-Party Fundraisers" shall be valid unless in writing.

Event Organizers signature: _____ Date: _____

Smilezone Foundation signature: _____ Date: _____