



COMMUNITY EVENT PROPOSAL FORM

Note: Application must be approved by Mary Bird Perkins Cancer Center prior to publicizing or holding event. Please fax the completed form to (225) 766-7203 or mail to:

Mary Bird Perkins Cancer Center
Development Office
4950 Essen Lane
Baton Rouge, LA 70809

Date: _____
Name of Group/Company Planning Event: _____
Name of Individual Responsible: _____ Title: _____
Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Name of Proposed Event: _____
Date of Event: _____ Time: _____
Event Location (please specify address): _____

Please briefly describe event and how funds will be raised.

Will the amount raised be matched? Yes No If so, by whom? _____

Is the event open to the public? Yes No How many people do you expect to attend? _____

If possible, would you like to have someone from Mary Bird Perkins Cancer Center present at your event?
 Yes No If yes, what role will they play? _____

How will the event be publicized? (press releases, advertisements, PSAs, promotional flyers, website, etc.)

Proposed Budget: All costs to come out of event proceeds are to be paid directly by event organizer. Please list all revenue and expenses. Please indicate if you expect something to be donated.

Revenue:

Sponsorship: \$ _____
 Registration Fees: \$ _____
 Ticket Sales: \$ _____
 Donations: \$ _____
 Additional Fundraising: \$ _____

Expenses:

Location: \$ _____
 Food/Beverage: \$ _____
 Printing (tickets...etc) \$ _____
 Security: \$ _____
 Advertising: \$ _____
 Fees: \$ _____
 Other: \$ _____

Total Revenue: \$ _____

Total Expenses \$ _____

Please remember that the cost per dollars raised should not exceed \$.50 on the dollar. For example, if the event raises \$2,000 then your costs cannot exceed \$1,000.

Please indicate how the proceeds from your event will be distributed:

- All net proceeds go to MBPCC (MBP must receive proceeds within 30 days of event)
- Proceeds will be divided among other charitable causes

Please list additional beneficiaries: _____

Do you plan to use the MBPCC logo and/or name in any of your promotional materials?

- Yes No If yes, to what address can we e-mail the logo? _____

Do you understand and agree that all publicity for the proposed event must be approved by MBP prior to being released/printed...etc? Yes No

Will you need any Mary Bird Perkins Cancer Center collateral?
(Please note the amount of the following items.)

ITEM	QUANTITY
MBP Case for Giving Brochure	_____
Informational Brochures	_____
Screening Guideline Cards	_____
MBPCC Banner (on loan)	_____

Signature of Applicant: _____
 Please print name: _____

Date: _____