



RIDGE MEADOWS
HOSPITAL FOUNDATION
SUPPORTING THE BEST IN HEALTH

Special Events Registration

The Ridge Meadows Hospital Foundation is fortunate to be the beneficiary of special events throughout the year and we are pleased to provide support in a variety of ways. In order to assist you we kindly ask that you complete the application below and submit it to the Foundation. By completing the application we can ensure that your request for support is met. Your interest in supporting The Ridge Meadows Hospital Foundation is greatly appreciated and we look forward to working together. In order for the Foundation to best fulfill your request for support, please provide at least four weeks notice prior to the start of the event.

Please return this form by:

Mail: Ridge Meadows Hospital Foundation, Special Events, 11666 Laity Street, Maple Ridge
BC V2X 7G5

Fax: 604.463.1888

E-mail: laura.butler@fraserhealth.ca

If you have any questions concerning this application, please contact Laura Butler at 604.466.6958 or 604.613.7584.

Contact Information

Date of Application: _____

Name of Contact Person: _____

Name of organization planning the event: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone (Business): _____ Phone (Home): _____

Fax: _____ Email: _____

Cell phone _____

Please select the category that best describes your organization:

Corporation School Community Service Club Other

Event Information

Name of event: _____

Is this a one-time, ongoing or annual event? One-time Annual ongoing

Date of Event: _____ Time of Event: _____

Location of Event: _____

Target Market: Family/Friends Members Customers General Public

Brief Description:

Thank you for your support!



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Financial Information

Proposed Budget (all expenses to come out of the proceeds and are to be paid by event organizer)

Projected Expenses:

Location (including insurance)	\$ _____
Food/Beverage	\$ _____
Printing (tickets, posters)	\$ _____
Advertising	\$ _____
Other Expenses	\$ _____
Total Expenses	\$ _____

Projected Income:

Ticket Sales	\$ _____
Raffle	\$ _____
Auction	\$ _____
Food Sales	\$ _____
Beverage Sales	\$ _____
Other Income	\$ _____
Total Income	\$ _____

Total expected Revenue to Ridge Meadows Hospital Foundation
\$ _____

Will other charitable organization also benefit from this event? ___ Yes ___ No

If yes, please list the additional beneficiaries and how they will benefit.

Inspiration and Use of Funds

What has inspired you to hold this event and in what area would you like your donation directed?

Thank you for your support!



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Public Relations Information

Briefly describe the proposed publicity plan for the event/program.

Will the publicity be handled by a professional agency? Yes No
If yes, please name the agency: _____

Will promotional materials, such as flyers and posters be printed? Yes No
If yes, please indicate the distribution area and dates: _____

Does your organization plan on using the name and logo of Ridge Meadows Hospital Foundation in your printed materials & in your publicity? Yes No
If yes, please note that **Ridge Meadows Hospital Foundation must approve any and all logo usage and have final sign-off on final printing proofs.**

Would you like a guest speaker to attend your event? Yes No

*please note this is based on availability

If yes, please complete the following information:

Presentation Date, Time, and Location: _____

Length of Presentation and Desired Topic: _____

Additional Details: _____

Please indicate the event promotion or support items you require:

- Ridge Meadows Hospital Foundation logo
 Balloons – how many? _____
 Ridge Meadows Hospital Foundation banner
 Ridge Meadows Hospital Foundation tabletop display unit
 Press Release announcing event Event planning checklist
 Web site promotion Brochures
 Issuing tax receipts (if applicable under tax receipting guidelines)

Tax Receipt Information

Tax receipts will only be issued for donation amounts over \$20, unless otherwise requested.

In order to issue tax receipts, the event organizer must provide Ridge Meadows Hospital Foundation with complete name, address and donation information for anyone requesting a tax receipt. Ridge Meadows Hospital Foundation is able to provide assistance with the clarification of receipting guidelines, and tracking of donor information, as required by Canada Customs and Revenue Agency.

- a, No portion of any costs to the participant will be assumed to be tax deductible without authorization from the Foundation.
- b, Donations of prizes, silent or live auction items are not eligible for tax receipts.
- c, Donations of services or in kind support are not eligible for tax receipts.
- d, The applicant must apply for a gaming license when a raffle is planned.

Thank you for your support!



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**Agreement for Special Event/Program
Benefiting Ridge Meadows Hospital Foundation**

_____, the **Sponsoring Organization**, agrees to organize and implement a special event/program on _____, to benefit Ridge Meadows Hospital Foundation.

The special event/program shall be described and referred to publicly as follows:

The **Sponsoring Organization** agrees to receive prior authorization for the use of the name and logo of Ridge Meadows Hospital Foundation in all media and printed materials relating to the special event.

The **Sponsoring Organization** agrees to handle any monetary transactions, and to present the proceeds to Ridge Meadows Hospital Foundation in a timely manner following the event.

The **Sponsoring Organization** will provide staffing and volunteers for the special event.

The **Sponsoring Organization** agrees to use its own mailing list for the special event.

The **Sponsoring Organization** will obtain all necessary permits, licenses or insurance.

Ridge Meadows Hospital Foundation shall incur no cost or liability associated with this event.

Ridge Meadows Hospital Foundation reserves at any time the right to withdraw the use of its name and logo.

Ridge Meadows Hospital Foundation agrees to provide the **Sponsoring Organization** with recognition corresponding with the level of giving as set forth in the Ridge Meadows Hospital Foundation Donor Recognition Policy.

Signed: _____ Date: _____
Sponsor/Agent

Signed: _____ Date: _____
Ridge Meadows Hospital Foundation

Thank you for your support!