

# Community Event Proposal

Please submit the completed form to Hospitals of Regina Foundation via email at [hrf@hrf.sk.ca](mailto:hrf@hrf.sk.ca), fax at 306-781-7504 or mail to 225-1874 Scarth Street, Regina, SK S4P 4B3

<b>Contact Information</b>		
Organization name (if applicable):		
Contact name:		
Address:		
City:	Province:	Postal code:
Phone:	Cellphone:	
Email:		
<b>Event Details</b>		
Name of event:		
Description of event:		
What inspired this event?		
Event date:	Event time:	
Event location and address:		
First time event? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you plan to do this again next year? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE	
If this event has happened before: Where did proceeds go to?		
How much was raised after expenses?		
How many people do you anticipate attending?		

<b>HRF USE ONLY:</b>	
Reviewed and approved by:	Date:

<b>What sources of revenue will your event have?</b>		
<input type="checkbox"/> Ticket sales	<input type="checkbox"/> Live auction	<input type="checkbox"/> Silent auction
<input type="checkbox"/> Raffle	<input type="checkbox"/> 50/50 draw	<input type="checkbox"/> Donations or pledges
<input type="checkbox"/> Sponsorships	<input type="checkbox"/> Food sales	<input type="checkbox"/> Product sales
<input type="checkbox"/> Other:		

<b>Will your event support our hospitals greatest needs or a specific area?</b>	
<input type="checkbox"/> Area of greatest need	<input type="checkbox"/> Designated to:

<b>Event Budget</b>	
<b>Revenue</b>	<b>Expenses</b>
Tickets sales:	Venue:
Pledges/donations:	Food and beverage:
Silent and live auction:	Advertising:
Sponsorships:	Printing:
Raffle:	Insurance:
Other:	Licence fees:
	Staffing:
	Other:
Total revenue:	Total expenses:
Net profit:	

<b>Advertising, Licences and Tax Receipts</b>		
<b>What is your advertising plan?</b>		
<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Posters	<input type="checkbox"/> Personal network	<input type="checkbox"/> Online
<input type="checkbox"/> Facebook	<input type="checkbox"/> Other:	
Do you have or plan to have a website or social media account for this event? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What is the web address or account name?		
Will your event require tax receipting? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please review the Foundations rules and regulations regarding tax receipting and confirm with the Foundation.		
May HRF promote your event on our website and through social media? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will you need a raffle licence? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If you are having a raffle or 50/50 at your event and are not part of a community organization, the Foundation can assist you in applying for a raffle licence. The licence must be approved by SLGA prior to tickets being printed or sold.		

# Terms and Conditions

1. All fundraising events for the benefit of Hospitals of Regina Foundation must be approved by the Foundation. I agree to provide the net proceeds of my event along with the budget summary form within 60 days after the event has been held. The budget summary form submitted will include all proceeds, costs and donations. While hosting the event, I understand any expenses I incur are my responsibility and Hospitals of Regina Foundation is not responsible for any losses I may incur. I confirm that the expenses I incur to run the event will be reasonable and transparent to Hospitals of Regina Foundation. The net proceeds of the event will be clearly identified and given to the Foundation.
2. I agree to provide Hospitals of Regina Foundation with a list of prospective sponsors for review and approval prior to contacting them for support.
3. I understand that Hospitals of Regina Foundation must strictly follow guidelines set by the Provincial Government and Canada Revenue Agency and acknowledge that charitable tax receipts for third-party events may not be issued in every circumstance. I agree to follow the Foundation's receipting policy as described in the *Tax Receipting Information* pages.
4. The Hospital of Regina Foundation logo cannot be used without prior approval. Any promotional materials for the event including but not limited to event posters, raffle tickets and event programs must be approved in writing before public release. Promotional materials may not imply that Hospitals of Regina Foundation is involved in the event as anything other than a beneficiary of the proceeds.
5. I agree to respect the confidentiality of personal information that may be provided to me by event participants. As such I will only use and disclose such information as permitted by the person who gave it to me. I acknowledge that Hospitals of Regina Foundation is unable to share its donor list to help me promote the event.
6. I hereby indemnify and hold Hospitals of Regina Foundation, its Officers and Directors, harmless against and in respect of any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries and deficiencies, including interest, penalties and reasonable legal fees that may be incurred or suffered by Hospitals of Regina Foundation which arise, result from or relate to my event.
7. I agree and acknowledge that I am fully responsible for obtaining appropriate insurance for my event. I agree to advise participants in my event of any risks and, if applicable, I will obtain a waiver of liability from each participant or their parent/guardian.
8. I agree to conduct my event in a safe manner and to adhere to all federal, provincial, and municipal laws. I will obtain all necessary permits, licences and insurance for my event.
9. I understand Hospitals of Regina Foundation may use event photos for promotional purposes. Any person who has their photo taken at the event has provided implied consent. Any exceptions are the responsibility of the event organizer to control and/or manage.
10. I acknowledge that Hospitals of Regina Foundation, in its sole discretion, may deny my application and may revoke an accepted application at any time (even after initial approval has been granted). If the Foundation revokes its approval, I agree to immediately cease all use of any Hospitals of Regina Foundation official marks and web links and to immediately provide the Foundation an accounting of donations, funds and any net proceeds as of the date of revocation.

11. I acknowledge that:

a. I am at least 18 years of age or if the event is being conducted by someone under 18 years of age, that I am that minor's parent or guardian.

b. I have read this document in its entirety and appreciate my (or the minor to whom I am parent or guardian) rights, obligation and liabilities set out herein.

The above terms and conditions are accepted and agreed upon by:

Name:

Name:

Title:

Title:

Signature:

Signature:

Date:

Date:

Event name:

Event date: