



Third Party Events Proposal Form

To be completed and submitted one month prior to proposed event

Event Information:

Application Date: _____
Person/Group/Company/Organization Planning event:

Contact Name: _____

Email: _____

Mailing Address: _____

Phone: H: _____ W: _____

Applicant Signature: _____

(By signing, applicant agrees to abide by all rules and regulations of Third Party Event Guidelines)

Event Particulars:

Event Name: _____

Type of Event: _____

Event Date: _____

Event Location: _____

Event Address: _____

Fax: _____

Brief description of event:

What inspired you to hold this event?

How will the event be advertised and will it include the Oromocto & Area SPCA name and logo?

Do you expect this event to be: one-time ongoing annual

Will promotional materials be printed? Yes No

Supplies requested: Brochures Newsletters Logo

How will funds be tracked & recorded? _____

Projected Event Costs: \$ _____

Total Expected Income: \$ _____ Revenue to the Oromocto SPCA: \$ _____

Will this event require tax receipts? Yes No

Office Use Only:

Reviewed by: _____ Date: _____

Event Approved: Yes No-Explain: _____

Applicant Advised: Yes Date: _____