



Special Event and Promotion Proposal Form

Please complete this form with as much information as possible. **Seattle Children's requirements and guidelines for participation in your event may vary depending on the nature of the event.**

Contact Information:

Name of Sponsoring Organization/Individual: _____

Contact Person: _____

Telephone: _____ Fax: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Details:

Event Promotion

Name of Event or Promotion: _____

Date & Time: _____ Location: _____

Target Audience: _____

Description:

Seattle Children's Affiliation:

Please describe any prior or current affiliations you have with Children's.

Budget:

If you plan to use proceeds from the event to help cover expenses **please submit a separate preliminary budget** including amounts of anticipated revenue and expenses. We suggest you open a new checking account for your event.

As stated in the Guidelines for Fundraising Events, in order for Seattle Children's to consider approving your event, expenses must not exceed 1/3 of the gross revenue. Please include how the money will be raised, the donation percentage of an ongoing promotion and your fundraising goal.

Final proceeds and donations should be submitted to the Seattle Children's Hospital Foundation within 45 days of the event.

Do you intend to use a portion of the proceeds to cover expenses from your event?

Yes No

Proceeds to benefit (please choose one):

Greatest Needs
An unrestricted gift provides the most flexibility to meet the needs of our young patients.

Research Discovery Fund
Provides support for innovative research bringing greater potential for life-saving cures and clinical advancements to our patients.

Uncompensated Care
Helps us care for every child in our region, regardless of insurance coverage or a family's ability to pay.

Other: _____

Promotion:

Do you intend to use Children's name and logo?

Yes

No

Seattle Children's requires all promotional materials that include the hospital name or logo to be reviewed and approved by Children's before production. Please allow 5 business days for review.

Please check all forms of planned promotion:

Print

Internet

T.V.

Other: _____

Radio

Sponsors/Underwriters:

Please list all businesses, individuals and organizations you plan to contact for cash or in-kind support. **Before you make any request Children's must approve your list.**

Support You Can Expect From Seattle Children's:

Pending your proposal's approval Children's may be able to provide you with assistance. Please indicate what type of support you request:

Logo use

Fundraising ideas

Patient story videos

Placement on "Calendar Events" or "Shopping" page on Children's web site

Placement in the Children's employee e-newsletter

Brochures

Depending on the nature and needs of your event we may be able to offer further representation and assistance.

The Special Events Team will evaluate your event proposal and respond within 5 business days.

School or Community Project Information:

Children’s requires that students or individuals under the age of 18 have a mentor or adult advisor to oversee the coordination of a school or community event/project.

Mentor/Advisor Name: _____

Telephone: _____ Email: _____

School: _____ School Telephone: _____

Signatures:

I have read Seattle Children’s Guidelines for Fundraising Events and commit to compliance.

Name: _____

Signature: _____

Date: _____

Please send your proposal and event proceeds to:

**Seattle Children’s Hospital Foundation
Special Events Team
P.O. Box 5371 MS: S-200
Seattle, WA 98145
Phone: (206) 987-2153
Fax: (206) 987-4845
askus@seattlechildrens.org**