

Application for authorization



NOTE: APPLICATION MUST BE APPROVED BY THE CALGARY WOMEN'S EMERGENCY SHELTER PRIOR TO PUBLICIZING OR HOLDING THE EVENT

Date: _____

Name of Group/Company Planning Event: _____

Name of Applicant: _____ Phone: _____

Contact Name _____ Fax: _____

Address: _____

Email: _____

Name of the Event: _____

Location of Event: _____

Address: _____ Postal Code: _____

Event Start Date: _____ End Date: _____ Time: _____

Event Website: _____ Facebook: _____ Twitter: _____

Briefly describe the event and how funds will be raised: Cash Product (Gift in Kind)

How many people do you expect to attend the event? _____

What are the projected expenses and revenues for the event?

Expenses: _____ Revenues: _____

Projected net cash value donated to Calgary Women's Emergency Shelter \$ _____
(or value of product)

I have read and agree with the Calgary Women's Emergency Shelter Fundraising Event Guidelines

Signed _____ **Date** _____

Sponsoring Organization Rep.

Signed _____ **Date** _____