



Grassroots Event Proposal Form

If you would like to host an event to benefit Miami Children's Health Foundation, please complete this form and submit by fax to 305.666.3078. If you have any questions please feel free to contact Rebecca Interian at 786.624.2892 or rebecca.interian@mchf.org.

Before you host an event, the Miami Children's Health Foundation Grassroots Event Committee must approve this application; therefore, please allow advanced notice. Any use of the Miami Children's Hospital and Foundation logo or name in marketing, publicity, press, media, web-related and promotional materials must be approved in writing by the Foundation prior to distribution. Please provide sample materials at least 72 hours in advance of distribution to ensure a proper turnaround time.

Today's Date:

Name of Group/Company Planning Event:

Name of individual responsible:

Address: City: State: Zip:

Telephone 1: Telephone 2: Email:

Name of Proposed Event:

EVENT INFORMATION

DATE OF EVENT: Time of Event:

Location of Event:

Is the event: Open to the public By invitation only Ticket Price \$

For publicity purposes a contact name and number that can be publicly listed:

Name: Number:

Has this event taken place before? YES NO If yes when?

Are there other beneficiaries other than Miami Children's Health Foundation? YES NO If yes, which other organization:
 Does your company plan to match the amount that you raise? YES NO

Briefly describe the event and how funds will be raised? (i.e.: ticket sales, pledges, sponsorship, auction, raffle etc.)

How will the event be publicized (eg: press releases, flyers, TV/radio, newspapers/ magazines)?:

Does your event require a license? YES NO

Do you require any assistance from our foundation staff (including attendance, marketing materials, etc.) YES NO
 If yes, what will you require?:

Are costs to come out of: proceeds to be paid by event organizer

What date will the funds be received by Miami Children's Health Foundation?:

Will your gift be restricted to a specific fund? YES NO If yes, which fund?:

All business that you plan to solicit for cash or in-kind support must be listed below:

Please list all costs even if you expect the items or services to be donated or underwritten:

Revenue:	\$ Amt	Expenses:	\$ Amt
Participant Revenue (# x \$)		Location	
Sponsorship		Food/Beverage	
Pledges		Printing	
Raffle		Security	
Auction		Advertising/PR	
Other (describe)		Entertainment	
		License Fee	
		Prizes	
		Supplies	
		Other (describe)	
Total expected Revenue		Total costs:	
Net Revenue to MCHF:			

Name of Applicant: Signature of Applicant:

Date:

Please keep a copy of this for your records.