Big Brothers Big Sisters of Toronto

event fundraising toolkit

Event Application Form

Event Name: _____

Date: _____ Time: _____

Location (Address/Facility/City): _____

Contact Name: _____ Contact Phone: _____

Contact Address: _____ Postal Code: _____

Contact Email: _____

Fundraising Goal: _____ Expected Number of Attendees: _____

Description: _____

Would you like a BBBST representative to attend the event (circle one)? Yes / No

If yes, what involvement will they have? Please note this is subject to availability.

☐ Speech ☐ Cheque Presentation ☐ Press Conference ☐ Other: _____

Additional details: _____

Would you like to use the BBBST logo on your event promotional material (circle one)? If Yes, it will be emailed to you at the above email address: Yes / No

Would you like a sample Event Checklist to assist in your planning (circle one)? Yes / No

ACKNOWLEDGMENTS

I acknowledge that BBBST reserves the right to withdraw its name from the event at any time. I acknowledge that I have read and understand the information contained in the BBBST Event Fundraising Toolkit and will adhere to all of BBBST's Fundraising Guidelines (page 3 – 4).

_____	_____	_____
Applicant Name	Applicant Signature	Date
_____	_____	_____
BBBST Staff Name	BBBST Staff Signature	Date

Return form to kate.maynard@bigbrothersbigsisters.ca

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