

Third Party Event Registration

Thank you for choosing Hospice of Central New York as a beneficiary of your fundraising activities. We appreciate your support of our mission to provide comprehensive comfort care to patients and families through unique interdisciplinary services, bereavement counseling, education and collaboration. We are excited to learn about your proposed Third Party Fundraising Event. Please complete the following form and submit it to the Hospice Foundation of Central New York. If you have any questions, please contact Christine Corbett at 315-634-2201 or ccorbett@hospicecny.org

Contact Information

❖ Organizer/Contact Person _____ Date _____
Address _____
City _____ State _____ Zip _____
Email _____ Phone _____
Alternate Phone _____ Fax _____
Connection to Hospice of Central New York _____

❖ Co-Organizer or other responsible person _____
Address _____
City _____ State _____ Zip _____
Email _____ Phone _____
Alternate Phone _____ Fax _____
Connection to Hospice of Central New York _____

❖ Name of Individual/Group Sponsoring Event or Promotion _____

Event Details

Name of Event _____ Event Date & Time _____
Brief Description _____

Event location _____

❖ How long have you put on this type of benefit? _____
How often will this event occur? _____ annually _____ single event
other _____

❖ Will any alcoholic beverage be served? _____ ***Permit required? _____

If yes, date obtained _____

*****A copy of this permit must be attached to the agreement.**

❖ Would you like a representative/s Hospice of Central New York to attend? _____

Will they be accepting a check? _____ Speaking to media? _____

What other duties are you hoping will be performed? _____

❖ Is insurance required for this event? _____ liability _____ property

What insurance company will be used? _____

Policy number _____

❖ Will admission be charged? _____ If yes, amount _____

Complimentary admission given to anyone? _____ Whom _____

Financial Details

Expected cost of event _____

*****Please attach a copy of a budget for this event.**

Will you donate the expenses to Hospice of Central New York as a tax deductible donation to the organization? _____

❖ How is the event being promoted? _____

❖ Will you sell tickets to the event/events? _____

If required, have ticket sales been cleared by local government? _____

❖ What is the major source of funds being raised? _____ Admission _____ Entry Fee

_____ Auction _____ Donations _____ Sponsor/Pledges _____ Sales

_____ Raffle, drawing, etc. Other _____

❖ Anticipated Income\$ _____ Anticipated Expenses\$ _____

Anticipated Net Profit\$ _____

% of Net Profit to be donated to Hospice of Central New York _____ %

*****If less than 100% you must state the respective percentage on all promotional materials.**

❖ Will the event benefit another organization? _____ yes _____ no

If yes, please provide the name of the other organization(s) to be benefited by this event, and **please attach a copy of a ticket or other promotional material highlighting donation % and organizations benefiting.**_____

Media Information

❖ Would you like to use the Hospice of Central New York logo? _____

Would you like to use the Hospice Foundation logo? _____

If yes, how and when will it be used? _____

❖ Would you like your event information to be published in our newsletter or website? _____

Please clarify _____

*****Please note that a consent form must be signed by individuals featured in any photos or videos.**

I/we acknowledge receipt of the Hospice of Central New York [Third Party Policies and Procedures](#), and agree to comply with all provisions in organizing and holding our fundraising event.

Date

Signature of Organizer or Other Responsible Party

Date

Signature of Organizer or Other Responsible Party

PLEASE RETURN COMPLETED FORM TO:

Hospice Foundation of Central New York

Attention: Christine Corbett

990 Seventh North Street

Liverpool, New York 13088

• 315-634-1100 • 315-634-1111 (fax) • ccorbett@hospicecny.org