



Outside Fundraisers Application

Thank you for your interest in CHOC Children's as the beneficiary of your event! Please review the Outside Fundraisers Package and Guidelines, and complete this application. All Outside Fundraisers applications must be reviewed by the CHOC Children's Foundation Office prior to approval.

Name

Title

Company/Organization

Address

City

State

Zip

Phone #

Fax #

E-mail

Name of Event

Description of Event

Event Location/Address

Event Date

Event Time

Who will attend?

Projected Event Attendance #

Why have you chosen CHOC Children's as the beneficiary of your event?

Proceeds to benefit:

CHOC Children's
Greatest Needs
Other

If other,
please
explain:

Please complete the following proposed budget information as accurately as possible.

Estimated Revenue \$

Sources of
Estimated Revenue
\$:

Estimated Expenses \$

Sources of
Estimated Expenses
\$:

Anticipated Proceeds to Benefit CHOC Children's:	Do you intend for this event to net at least 50% of the gross income?	Yes No	If no, estimate net percentage:
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Please check and explain major source of funds (raffles will need to be discussed in detail)	Tickets Auction Donations Sales Pledges Raffle Sponsorship	Explain
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If selling tickets to your event, please provide cost per ticket:	Fair Market Value (FMV, the value of goods and services the participant will receive for attending. Even if the event is underwritten, goods and services need to be disclosed) of a single ticket:
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Will businesses and residences be solicited?	Yes No	If yes, please attach a list for pre-approval.
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Please check yes or no, and provide additional information.

Will alcoholic beverages be served?	Yes No	Explain
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Is insurance required for your event?	Yes No	Explain
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Have you obtained insurance?	Yes No	Please select
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List the name of insurance
company

Have you obtained proper permits and licenses that pertain to your event?	Yes No	List permits you have acquired, and those you still need
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How often will this event occur?	Annually Single Event Ongoing	Have you conducted this event in the past?	Yes No
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Will this event benefit another organization?	Yes No	If yes, provide name
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Will this event have a planning committee?	Yes No	If yes, attach a list and contact information.
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Are there sponsors tied to this event (i.e. corporate, media partners, etc.)?

Yes
No

If yes, explain

Public/Media Outreach (please check all that apply)

Public Relations
TV
Mailers
Other

Advertising
Print
Website

Radio
Flyers

Will you have an event website?

Yes
No

If yes, provide website URL:

Are you requesting to use "Benefitting CHOC Children's" on your print materials?

Yes
No

Are you requesting to use the CHOC Children's logo on your print materials?

Yes
No

As the official representative of _____, I have read and understand CHOC Children's Foundation's Outside Fundraisers Policy. I have obtained any necessary approval from my group's membership and/or officers. If the event is approved by CHOC, we agree to comply with all the stipulations of the policy statement.

Print Name

Date

Signature

**Email completed form to fundraising@chocchildrens.org.
Should you have any questions, please contact the CHOC Foundation at 714-509-8690.**

For CHOC Children's Use Only

Approved

Disapproved

Signature _____ Print Name _____ Date _____

One copy of this form will be returned to the sponsoring organization, group, or individual, and one copy will remain on file in the CHOC Children's Foundation office.