



GROVES HOSPITAL FOUNDATION

Third Party/Community Event Information Form

Event Details:

Name of Event: _____ Type/Theme of Event: _____

Date/Time: _____ Location: _____

Designation of Funds (Equipment/CT Scan Campaign/Other): _____

Contact Information:

Name of Individual/Group/Company Planning Event: _____

Mailing Address: _____

Main Contact Phone: _____ Main Contact Email: _____

Event Plan:

What price will be charged for this event and/or how will funds be raised?

How many people do you expect to attend the event? Do you have a fundraising goal?

How will the event be promoted in the Community?

- I have read Groves Hospital Foundation's [Third Party/Community Event Policy](#) for details on how the Foundation can help and event organizer responsibilities, as well as important information on how (*and for what*) receipts can be provided. _____ (*please initial*)

Name/Company Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

Before promoting the event or using Groves Hospital Foundation name/logo in promotions, please return signed form to Foundation Office (*inside GMCH down the hall from the Café*), or email sarah@grovesfoundation.com. We will reach out to you, within 2 business days of receiving completed form, with approval and logo for use on promotional materials. Thank you!