



Special Event Application

Note: Application must be approved by the Central Ohio Chapter of the National Hemophilia Foundation prior to publicizing or holding event.

Please choose the description that best matches your group and event:

- Organized group of individuals hosting an event to benefit the Central Ohio Chapter of NHF
- Business/Corporation holding an event for the Central Ohio Chapter of NHF
- School or organized club within a school holding an event for the Central Ohio Chapter of NHF

Individual/Business/Organization Name: _____

Event Name: _____

Contact Person (responsible for event): _____

E-mail: _____

Address: _____

City, State, Zip: _____

Phone 1: _____ Phone 2: _____

Brief description of event/promotion: _____

Event date: _____ Event Time: _____

Event location: _____

Promotional Period: _____

How will you promote the event? _____

Please list all anticipated sources of income or revenue for event:

(Examples include ticket sales, entry fees, bingo revenue, pancake breakfast, etc.)

Description	Amount	\$
_____		_____
_____		_____
_____		_____
	Total Gross Income	\$ _____

Please list anticipated expenses, if any, that will be paid from event income:

(Examples include supplies, entertainment, printing, postage, etc.)

Description	Amount	\$
_____		_____
_____		_____
_____		_____
	Total Gross Income	\$ _____

Event/Promotion Proceeds (income minus expenses): \$ _____

% of proceeds donated to the Central Ohio Chapter of NHF: _____ %

(Please note that net donations of less than 50% must receive special approval from the Central Ohio Chapter of NHF)

Total estimated donation to the Central Ohio Chapter of NHF: \$ _____

Please answer the following questions:

1. Will any other organization benefit from this event/promotion? Yes No
2. Do you understand that all publicity and printed materials for this proposed activity must be approved by the Central Ohio Chapter of NHF , and that no publicity may be released, printed, etc. until this has occurred? Yes No
3. What support do you need from the Central Ohio Chapter of NHF to make this event successful?

I, _____, agree on behalf of the organization I represent that once the project outlined above is approved by the Central Ohio Chapter of NHF, we will abide by the Special Event Guidelines, a copy of which has been provided to the organization by the Central Ohio Chapter of NHF. In addition, we agree funds raised from the activity will be remitted to the Central Ohio Chapter of NHF within 30 days of the event. I profess that the information provided by me in the Special Event Application is true and factual to the best of my knowledge.

Representative's Signature

Date