



# Third Party Fundraising Event Proposal

Contact Name: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Contact Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Expected # of Participants: \_\_\_\_\_

Organization involved in event (if applicable): \_\_\_\_\_

Location/Address of Event: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Event Proposal

A. Please check box below for the type of event you will be holding:

- Sporting Event (please specify sport) \_\_\_\_\_
- A-thon (swim, walk, run, bike, etc. specify) \_\_\_\_\_
- Auction/Raffle \_\_\_\_\_
- Gala \_\_\_\_\_
- Online Campaign \_\_\_\_\_
- Celebration/Party (birthday, holiday, wedding, movie nights, etc.) \_\_\_\_\_
- Sale (garage, bake etc. specify) \_\_\_\_\_
- In tribute of \_\_\_\_\_
- In memory of \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

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B. Please provide a brief description of the event and the intended audience.

C. Please provide an estimate of anticipated REVENUES (how much money you hope to fundraise and how you will raise such funds (e.g. silent auction, ticket sales, raffles, sponsorship etc.).

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

D. Please provide an estimate of your proposed EXPENSES: (e. g. equipment, publicity, invitations, catering, facility rental, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

E. How do you plan to publicize and promote your event?

F. Why did you select the Lifesaving Society for your fundraising initiative?

G. How will the **Lifesaving Society's** name be used in promoting your event? Please provide details.

H. What are your expectations of the Lifesaving Society?

I. What is your relationship to the Lifesaving Society Ontario?

- Affiliate Member (provide name) \_\_\_\_\_
- Society volunteer
- Society member (provide member ID) \_\_\_\_\_
- Society donor
- Other – Please specify \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please forward this form to the Affiliate (Pool Facility) involved with this event and a copy to the Fundraising Activity Centre staff, Attn: Laurie Priestman via fax – 416-490-8766, email [fundraising@lifeguarding.com](mailto:fundraising@lifeguarding.com) or mail to:

Lifesaving Society Ontario, 400 Consumers Road, Toronto, Ontario M2J 1P8

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For office (Affiliate or Lifesaving Society Fundraising) use only:

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_