FUNDRAISING EVENT PROPOSAL FORM

Thank you for your interest in supporting the North Westmeath Hospice CLG. Please read our Fundraising Guide for advice and tips to make your event a success. If you need any help please call 0857863891 or email: info@northwestmeathhospice.ie. If you are under 18 years of age you will need permission of a guardian or parent.

Please print clearly in BLOCK letters, tick where appropriate and return as soon as possible to North Westmeath Hospice, Mary Street, Mullingar, Co. Westmeath so we can facilitate your request.

Organiser Detail			
Contact Name: (Title)	(First Name)	(Surname)	
Name of group/company (if	applicable):		
Address:			
Tel:			
Email:			
Event details			
Name of proposed event: _			
Date of event:			
Time:			
Location:			
Address:			
Brief description of propo	osed event:		
How will the funds be rais	sed?		
Corporate Sponsorship Individual Sponsorship Ticket sales (Proposed ame *Street collection Raffle (If tickets are to be seadvice. All lotteries must co	old other than to your gues	sts you should contact your	r local authority for

Other (please provide details):
*Any event involving collections from the public require an An Garda Síochána permit, please contact your local Garda Station as early as possible.
Expected attendance (if applicable):
Have you formed a committee to help organise this event?
No:
Fundraising Resources:
Should you need materials for your event please contact us to discuss your requirements.
Sharing your story (optional):
Stories on our social media and on our website can be an effective way to raise awareness. If you are happy to share your reason for holding an event, please complete the section below and a member of our staff may contact you about your story.
Please share your reason for holding an event:
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Do you have adequate Insurance? Unfortunately, the North Westmeath Hospice's insurance policies only cover fundraising events organised and managed directly by the North Westmeath Hospice. The North Westmeath Hospice can accept no liability for any claim, which may arise during the course of any other fundraising event.
Agreement and Signature: • I have read the terms and conditions of the North Westmeath Hospice CLG and I agree to hold my fundraising event in accordance with them and all applicable laws. • I agree that the North Westmeath Hospice CLG will receive all revenue from the event within 30 days of the event. • I agree that all publicity for the event must be approved by the North Westmeath Hospice CLG
prior to release/publication.
Signature of applicant:
Print Name:
Date: