

# Community Event Proposal Form

This application must be submitted and approved by the Toronto Rehab Foundation prior to publicizing or holding the event.

## CONTACT INFORMATION

Name of group/company/individual planning the event \_\_\_\_\_  
Name of individual responsible (contact) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## EVENT INFORMATION

Name of proposed event: \_\_\_\_\_  
Estimated Amount of Proceeds to Toronto Rehab Foundation: \_\_\_\_\_  
Proposed number of attendees: \_\_\_\_\_  
Proposed event date(s): \_\_\_\_\_  
Time(s): \_\_\_\_\_  
Location: \_\_\_\_\_

Please describe the proposed event, and include how the funds will be raised:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require the following items for your community event?

Foundation Brochures       Information on the Hospital  
 Foundation Representative       Other: \_\_\_\_\_

Is Toronto Rehab the only charity receiving proceeds from the event?

Yes       No—Name of other recipient(s): \_\_\_\_\_

Proposed % of total funds raised to be donated to Toronto Rehab Foundation: \_\_\_\_\_

Do you expect this will become an annual event to raise funds and awareness for the Toronto Rehabilitation Institute?  Yes       No

What factors made you choose the Toronto Rehabilitation Institute as the benefactor of your event? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PROPOSED BUDGET INFORMATION

Please list the costs that are expected to come out of event proceeds or to be paid directly by event organizer. Please list all revenue and expenses. Please indicate if you expect an item to be donated.

### Revenue:

Sponsorship \$ \_\_\_\_\_  
Registration Fees \$ \_\_\_\_\_  
Ticket Sales \$ \_\_\_\_\_  
Donations \$ \_\_\_\_\_  
Ancillary Fundraising \$ \_\_\_\_\_  
Total Projected Revenue \$ \_\_\_\_\_

### Expenses:

Venue \$ \_\_\_\_\_  
Food & Beverages \$ \_\_\_\_\_  
Print Materials \$ \_\_\_\_\_  
Security \$ \_\_\_\_\_  
Advertising \$ \_\_\_\_\_  
License Fees \$ \_\_\_\_\_  
Prizes \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total Projected Expenses \$ \_\_\_\_\_  
**TOTAL NET REVENUE \$ \_\_\_\_\_**

If you would like the funds raised to be designated to a specific program or area within Toronto Rehab, please specify: \_\_\_\_\_

As the individual responsible for coordinating the proposed event I hereby agree to the following:

*I understand and agree that all publicity for the proposed event must be approved by Toronto Rehab Foundation prior to release. All revenues from the event will be received by Toronto Rehab Foundation within 30 days of the event. Personal information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the person or as required by law. Personal information will be obtained only as long as necessary for the fulfillment of these purposes.*

Print Name: \_\_\_\_\_

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

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

**Please return completed form to:**  
Toronto Rehab Foundation Community Events  
439 University Avenue, 5th Floor  
Toronto, ON M5G 1Y8  
or fax to: 416. 597. 6201



Toronto Rehab  
Foundation

**Thank you for your support!**