



## COMMUNITY EVENT PROPOSAL FORM

Note: Application must be approved by Cancer Services of Greater Baton Rouge prior to publicizing or holding event. Please fax the completed form to (225) 928-8448 or mail to:

Cancer Services  
550 Lobdell Ave  
Baton Rouge, LA 70806

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

Name of Group/Company Planning Event: \_\_\_\_\_

Name of Individual Responsible: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Event Location (please specify address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe event and how funds will be raised.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the amount raised be matched?  Yes  No If so, by whom? \_\_\_\_\_

Is the event open to the public?  Yes  No How many people do you expect to attend? \_\_\_\_\_

If possible, would you like to have someone from Cancer Services present at your event?

Yes  No If yes, what role will they play? \_\_\_\_\_

How will the event be publicized? (press releases, advertisements, PSAs, promotional flyers, website, etc.)

**Proposed Budget:** All costs to come out of event proceeds are to be paid directly by event organizer. Please list all revenue and expenses. Please indicate if you expect something to be donated.

**Revenue:**

Sponsorship: \$ \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_

Ticket Sales: \$ \_\_\_\_\_

Donations: \$ \_\_\_\_\_

Additional Fundraising: \$ \_\_\_\_\_

**Expenses:**

Location: \$ \_\_\_\_\_

Food/Beverage: \$ \_\_\_\_\_

Printing (tickets...etc) \$ \_\_\_\_\_

Security: \$ \_\_\_\_\_

Advertising: \$ \_\_\_\_\_

Fees: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Revenue: \$** \_\_\_\_\_

**Total Expenses \$** \_\_\_\_\_

Please remember that the cost per dollars raised should not exceed \$.50 on the dollar. For example, if the event raises \$2,000 then your costs cannot exceed \$1,000.

Please indicate how the proceeds from your event will be distributed:

All net proceeds go to CSGBR (CS must receive proceeds within 30 days of event)

Proceeds will be divided among other charitable causes

Please list additional beneficiaries:

\_\_\_\_\_

Do you plan to use the CSGBR logo and/or name in any of your promotional materials?

Yes  No If yes, to what address can we e-mail the logo? \_\_\_\_\_

Do you understand and agree that all publicity for the proposed event must be approved by CS prior to being released/printed...etc?  Yes  No

Will you need any Cancer Services of Greater Baton Rouge collateral?

(Please note the amount of the following items.)

<b>ITEM</b>	<b>QUANTITY</b>
Informational Brochures	_____
Cancer Services Banner (on loan)	_____
Semi-Annual Newsletters	_____
Quarterly Newsletters	_____
Annual Report	_____
Case for Giving Brochure	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_