

Thank you for your interest in carrying out an event/service for Family Services. Please complete the form below and return it at least five (5) weeks prior to your intended event/service. Please contact Michael Heelan at mheelan@fsifamily.org or 336-722-8173 if you have any questions.

## Family Services Event Proposal Form

### Event Sponsor Information

|                               |  |  |                                      |          |
|-------------------------------|--|--|--------------------------------------|----------|
| Organization                  |  |  |                                      |          |
| Type of Group<br>(choose one) | <input type="checkbox"/> Business                |  | <input type="checkbox"/> Faith Based |          |
|                               | <input type="checkbox"/> Educational Institution |  | <input type="checkbox"/> Civic       |          |
|                               | <input type="checkbox"/> Other (please specify)  |  |                                      |          |
| Mailing Address               | Street   |  | City                                 | State    |
|                               |  |  |                                      | Zip Code |

### Primary Contact Information

|                |  |  |  |  |
|----------------|--|--|--|--|
| Name           |  |  |  |  |
| Phone Number   |  |  |  |  |
| E-mail Address |  |  |  |  |

### Proposed Event/Activity Information (fill out all that is relevant)

|                               |  |  |   |  |
|-------------------------------|--|--|---|--|
| Type of Event<br>(choose one) | <input type="checkbox"/> Third Party Event/ Fundraiser |  | <input type="checkbox"/> Fair/Exhibit/Tabling Event |  |
|                               | <input type="checkbox"/> Speaker for event             |  |   |  |
|                               | <input type="checkbox"/> Other (Please Specify)        |  |   |  |
| Title                         |  |  |   |  |
| Date and Time                 |  |  |   |  |
| Location                      |  |  |   |  |
| Description                   |  |  |   |  |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Does Event Require Permits or Licenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

|   |   |  |  |
|---|---|--|--|
| Website                                     |   |  |  |
| How will you promote and market this event? | Please attach samples of all printed materials for this event. If Family Services' name is included, approval must be secured before distribution, and brand guidelines must be followed. |  |  |
|   |   |  |  |

|  |  |                           |  |
|--|--|---------------------------|--|
| % of Proceeds to be donated to Family Services |  | # of People participating |  |
|--|--|---------------------------|--|

|   |  |  |  |
|---|--|--|--|
| Family Services involvement expected? (Flyer, staff, etc) |  |  |  |
|---|--|--|--|

|                                |  |  |  |
|--------------------------------|--|--|--|
| Other benefiting organizations |  |  |  |
|--------------------------------|--|--|--|

|  |  |  |  |
|--|--|--|--|
| Charitable organizations benefiting from past events |  |  |  |
|--|--|--|--|

|  |  |  |  |
|--|--|--|--|
| How did you learn about Family Services? |  |  |  |
|--|--|--|--|

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Please add me to the Family Services newsletter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

I agree that all information provided is accurate and that I will adhere to the terms stated within this document in regards to proceeds and event promotion.

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|