

Special events application

Please submit the following application for approval prior to conducting your event to benefit Cook Children's.

Name of organization/company planning the event: Contact person: Mailing address: City: State: ZIP: Email address: Home phone: Business phone: Fax: Name of proposed event or promotion: Date and time of event: Event location: Address: City: State: ZIP: Will your group want to promote your event on Cook Children's Health Foundation's social media accounts. Will your group want to promote your event on Cook Children's Health Foundation's social media accounts. Will your group want to use the Cook Children's name/ logo in your printed materials or for publicity? Is event: Open to the public By invitation only Ticket price (if applicable): \$ Has this event taken place before? Yes No Please list anticipated revenue and costs. Revenue Total revenue expected \$ Expenses Total expenses \$ Net revenue (To Cook Children's) \$ Net revenue (To Cook Children's) \$ Seriefly describe the event and how funds will be raised (e.g., pledges, sponsorships, ticket sales, auction or raffle: attach a senarate sheet or materials if	Today's date:	How will the event be publicized (e.g., social media,
Mailing address:	Name of organization/company planning the event:	press releases, fliers, radio/TV, posters, print ads)?
Please list your group's Web site and social media accounts. State:	Contact person:	
City: State: ZIP: accounts. Web site: Stacebook: Tacebook: Twitter: Other: Other: Will your group want to promote your event on Cook Children's Health Foundation's social media accounts.* Pare and time of event: Will your group want to promote your event on Cook Children's Health Foundation's social media accounts.* Event location: Yes No Address: Will your group want to use the Cook Children's name/ logo in your printed materials or for publicity? Is event: Open to the public By invitation only Ticket price (if applicable): \$ Please list anticipated revenue and costs. Revenue Total revenue expected \$ Total revenue expected \$	Mailing address:	
Email address:		Please list your group's Web site and social media
Home phone: Business phone: Facebook:	City: State: ZIP:	accounts.
Home phone:	Email address:	Web site:
Business phone:		Facebook:
Fax:		Twitter:
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Has this event taken place before?		logo in your printed materials or for publicity?
Has this event taken place before? ☐ Yes ☐ No If yes, when: Are there other beneficiaries besides Cook Children's? ☐ Yes ☐ No If yes, which organization(s)? Briefly describe the event and how funds will be raised (e.g., pledges, sponsorships, ticket sales, auction Please list anticipated revenue and costs. Revenue Total revenue expected \$ Expenses Total expenses \$ Net revenue (To Cook Children's) \$ Net revenue (To Cook Children's)		□ 165 □ 1NO
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(To Cook Children's) \$ Briefly describe the event and how funds will be raised (e.g., pledges, sponsorships, ticket sales, auction		Total expenses \$
Briefly describe the event and how funds will be raised (e.g., pledges, sponsorships, ticket sales, auction		
necessary):	(e.g., pledges, sponsorships, ticket sales, auction or raffle; attach a separate sheet or materials if	(10 COOK CHINGIEN S) \$

Are costs to come out of: □ Proceeds or □ To be paid by event organizer? For promotion or cause-related marketing project, please list the percentage of sales to be donated to Cook Children's: percent. All businesses that you plan to solicit for cash or in-kind support (products or services) MUST be submitted to the Cook Children's Health Foundation's special event coordinator for approval.	Cook Children's reserves the right to review and approve all events and materials that include its name and/or logo. Cook Children's is not liable to any party or vendor for any fees, costs or payments of any kind, and the organization sponsoring the event agrees to indemnify and hold harmless Cook Children's against any claims by third parties or vendors for such fees, costs or payments incurred pursuant to this agreement. The event organizer assumes all risks and liabilities associated with the event and hereby releases and holds
Attach a separate sheet if necessary. Will the funds raised from your event be designated for a specific purpose at Cook Children's, i.e. cancer, Neonatal Intensive Care Unit, Rehab, etc? Yes, designate my funds to:	harmless Cook Children's entities, its directors, officers, employees, agents, successors and assign from and against any and all claims, damages, liabilities, costs, and expenses, including reasonable attorney's fees, arising out of or which may occur in connection with the event, including without limitation, any personal injuries or damages to property that may occur in conjunction with the event.
Funds must be given to Cook Children's no later than 60 days after the event. Please indicate the approximate date that funds will be received by Cook Children's:	I,, as the contact for named event listed above, have read and agree on behalf of the organization I represent, to all special event policies and guidelines provided to me with this application.
Would you like to schedule a check presentation? ☐ Yes ☐ No	Date: Signature: Printed name:

Insurance

If your event is approved, please contact Cook Children's Health Foundation for information regarding required insurance policies.

Please return completed form to:

Cook Children's Health Foundation 801 Seventh Avenue Fort Worth, TX 76104

If you have any questions, please contact 682-885-4105 or foundation@cookchildrens.org.

This form is also available at cookchildrens.org/giving.

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