

Coordinator Information

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Event Information

Name of Event _____

Event Date _____ Start Time _____ End Time _____

Venue Name & Address _____

Event Description _____

Is this the first year of the event? Yes ☐ No ☐ Estimated attendance _____

Fundraising Goals for the event _____

Will other charities be benefitting from the event? Yes ☐ No ☐ If Yes, which charities? _____

How will you advertise the event? _____

What support do you require from YMCA Niagara? _____

We want to know more about why you chose YMCA Niagara as a recipient for your event? _____

Other Comments/Questions? _____

Event Form Agreement

I, _____, agree that any use of YMCA's branding (including name and logo use), must be approved by a YMCA representative prior to use. I agree that all the information in this form is the best representation of the event my organization is planning to benefit YMCA Niagara. I agree to donate the full amount of designated proceeds within 90 days of the event date unless otherwise agreed upon.

Signature of Applicant _____

Date _____