**NW Sarcoma Foundation**

**THIRD PARTY EVENT APPLICATION**

Please fill in the information below, Save as your name or event name and email to info@nwsarcoma.org with subject line **3rd-party event**.

**Contact Information**

**Organization Name:** Click here to enter text.

**Primary Contact**

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.

**Phone:** Click here to enter text.  **Email:** Click here to enter text.

**Address**: Click here to enter text.

**List additional contacts, phone numbers and email addresses**

Click here to enter text.

**Organization/person’s relationship to NW Sarcoma Foundation**

Click here to enter text.

**If you are already working with a staff member at NW Sarcoma Foundation, please provide name:**

Click here to enter text.

**Event Information**

**Event name:** Click here to enter text.

**Date:** Click here to enter text.

**Time:** Click here to enter text.

**Location (city and venue):** Click here to enter text.

**Briefly describe the event including purpose and target audience.**

Click here to enter text.

**Proposed program/timeline**

Click here to enter text.

**NW Sarcoma Foundation Beneficiary:** Click here to enter text.

**How will funds be raised?**

[ ] Ticket/Table Sales

[ ] Silent/Live Auction

[ ] Direct Donations

[ ] Other, please explainClick here to enter text.

Please be advised that raffles/games of chance require a license from the Washington State Commission on Gambling and strict laws apply as well as long lead times apply to raffles. To learn more please use this link: <http://www.wsgc.wa.gov/activities/raffles.aspx>

**Cost per person to attend/participate in event?** Click here to enter text.

**Will alcoholic beverages be served/sold at event?** [ ]  Yes [ ] No

If yes alcohol is being SOLD, please see liquor rules/regulations for your state.

**Will security be provided at event?** [ ]  Yes [ ]  No

**What percentage of the event proceeds are to be designated for NW Sarcoma Foundation?**  Click here to enter text.

**Will any other organization also receive a percentage of the event proceeds?** [ ]  Yes [ ]  No

If yes, please state the other organization(s) and percentage(s): Click here to enter text.

**Will the event organizers keep a portion of the event profits?** [ ]  Yes [ ]  No

**Projected event revenue and expenses (include a financial statement):** Click here to enter text.

**List of companies/organizations/foundations you plan to solicit for event underwriting support.**

Click here to enter text.

**Additional Comments:**

Click here to enter text.