



Third Party Event Agreement

Date:

Contact Name:

Telephone:

Email Address:

Name of Event:

Type of Event:

Date of event:

Time of Event:

Organization:

Mailing Address:

New Proposal

Existing Event

Venue Information:

Name:

Address:

Telephone:

of attendees:

Briefly Describe the Event:

Is the event being held in memory or in honour of someone?

Yes No

If yes, for whom?

Is the event open to the public?

Yes No

Do you require event day volunteers?

Yes No

If yes, how many?

1-2

3-5

5+

What % of proceeds will be donated to Huron Hospice:

How much money do you expect to raise at the event?

More than \$5,000

\$1,000 - \$5,000

Less than \$1,000

Will you require a HH representative to speak at your event?

Yes No

Will there be a post-event cheque presentation?

Yes No

Third Party Event Agreement

I/We:

propose to organize and conduct an event to be called:

at (place):

on (date):

I/We agree to donate the net proceeds to Huron Hospice.

I/We hold harmless Huron Hospice for any and all liabilities associated with this event, unless prior written consent to cover expenditures is received from Huron Hospice’s Executive Director.

Any signage or materials utilizing the Huron Hospice logo or other public relations materials must be authorized in writing by Huron Hospice.

I/We understand and acknowledge that Huron Hospice does not issue tax receipts for third party events unless it is an outright donation made out directly to Huron Hospice.

**See page 2 of Third Party Event Guidelines for more information.*

I/We will provide Huron Hospice with pictures of the event.

I/We understand that Huron Hospice reserves the right to approve, or deny this proposed third party event and has the right to cancel this Agreement and/or Event at any time should the Organizer fail to comply with the terms and conditions in this Agreement.

I /We understand that Huron Hospice is not liable for damages/injuries to persons or property that occurs at a third party event

Dated as of the _____ day of _____, 20____.

Organizer Name

Per: _____

Name: _____

Title: _____

I have the authority to bind the Organizer

Huron Hospice

Per: _____

Name: _____

Title: _____

I have the authority to bind the Organization