



Special Events Guidelines for Sponsorship

Prince County Hospital Foundation appreciates the support of groups and businesses in the community that sponsor events to raise funds for the Hospital.

All requests and expressions of interests in sponsoring events on behalf of the Foundation should be communicated to the Prince County Hospital Foundation Office. Please complete the attached proposal form and submit to the Foundation office for consideration. The Foundation Board will be advised of this event through the Managing Director.

In approving sponsored special events the following guidelines shall be considered:

- a. Sponsors community profile:** This should not, by association have the potential to adversely affect the Hospital's image.
- b. Sponsor's business mission:** This does not conflict with the Hospital's mission and goals, which promote a healthy community.
- c. Nature & activities of event:** These will not be incongruent with what the public would perceive the Hospital's to be.
- d. Success:** The event being considered should have a reasonable chance for success.
- e. Long term plans:** The special event does not compromise or have the potential to adversely affect the Hospital's annual or long range plans for fund raising and development.
- f. Permits:** The Sponsor will obtain at their own expense, all permits and licences required by any competent government authority.
- g. Assignment:** The Sponsor has no right whatsoever to assign this "Special Event Permit" to any other party.
- h. Liability:** The Sponsor shall indemnify and hold harmless the Prince County Hospital Foundation from and against all liability, claims, damages or expenses due to or arising out of the proposed "Special Event"



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PROPOSAL FORM

Please complete this proposal form and submit to Prince County Hospital Foundation office:
P.O. Box 3000, 65 Roy Boates Avenue, Summerside, PE, C1N 2A9.
Phone #:(902) 432-2547, Fax #: 432-2551.

Tell us about yourself:

YOUR ORGANIZATION _____

CONTACT PERSON _____ TITLE _____

ADDRESS _____

POSTAL CODE _____ TELEPHONE _____ FAX _____

GENERAL INFORMATION

NAME OF EVENT _____

Brief description of event.

Date event would begin _____ and end _____

TARGET MARKET (i.e. general public, store customers, businesses, etc.)

PROMOTIONAL INFORMATION (Describe how you plan to promote this event)

Do you intend to use the name and logo of Prince County Hospital Foundation in your printed materials and in your publicity? (Y/N) _____



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(Proposal form continued)

What degree of involvement would you expect from the Foundation?

Would you require assistance from the Foundation for advertising, resource support, etc? To what extent?

What type of prizes, if any, are you planning to award to participants? Are there any conditions that apply to winning these prizes?

FINANCIAL INFORMATION - BUDGET



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- Estimated income from the special event: \$ _____
- Estimated expenses for the special events: \$ _____
- Estimated donation to the Foundation: \$ _____
- Anticipated date the donation will be received. \$ _____
- Will other charitable organizations benefit from this special event? (Y/N) _____
- If yes, please list the other beneficiaries.

- Proceeds will be donated to _____ the equipment fund
_____ other - specific _____

PLEASE NOTE THAT ALL FUND RAISING ACTIVITIES TO BENEFIT PRINCE COUNTY HOSPITAL ARE COORDINATED BY THE FOUNDATION OFFICE. If you have any questions concerning this application, please contact the Foundation Office at (902) 432-2547.

The undersigned shall indemnify and hold harmless Prince County Hospital Foundation from and against all liability, claims, damages, or expenses due to or arising out of this event.

SIGNED: _____ DATE _____

POSITION: _____

For Foundation use only:

Approved by: _____ Title: _____

Date: _____ Comments: _____