



Special Events/Promotions Form & Guidelines

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 are co-ordinated by the Managing Director or the Communications & Fund Development Officer in their stead. Please complete the attached form and submit to the Foundation office for consideration.

In approving sponsored special events the following brief guidelines shall be considered by the Foundation. More extensive guidelines may be provided after initial approval of the attached form. As the person(s) organizing a special event or promotion, you undertake the role of “**sponsor**”:

- a. Sponsor’s community profile:** This should not by association have the potential to adversely affect the Hospital's image of health promotion and will not be incongruent with what the public would perceive the Hospital's to be.
- b. Long term plans:** The special event does not compromise or have the potential to adversely affect the hospital foundation’s annual or long-range plans for fund raising and development.
- c. Permit:** The Sponsor will obtain at their own expense; all permits and licences required by any competent government authority. (E.g A lottery license is required for a 50/50 draw)
- d. Assignment:** The Sponsor has no right whatsoever to assign this "Special Event Permit” to any other party.
- e. 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"

Please complete the following Special Events Form and submit to PCH Foundation office:

P.O. Box 3000, Summerside, PE, C1N 2A9.
Phone #:(902) 432-2547, Fax #: (902) 432-2551.
Email: bdwoodacre@ihis.org



SPECIAL EVENTS & PROMOTIONS - FORM

YOUR ORGANIZATION _____

CONTACT PERSON _____ TITLE _____

ADDRESS _____

POSTAL CODE _____ TELEPHONE _____ FAX _____

EMAIL: _____

SOCIAL MEDIA USERNAMES/HANDLES/ADDRESSES

NAME OF EVENT/PROMOTION _____

Date promotion/event would begin _____ and end _____

Brief description of the concept.

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

PROMOTIONAL INFORMATION (How do you plan to promote this event? Eg. Social media promotion, public sales, print advertising,)

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

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

The PCH Foundation is pleased to assist in the following ways: Advice on event planning to ensure a successful event; limited promotional supplies, such as posters or brochures; tax receipts, if applicable, or receipting support according to Canada Revenue Agency (CRA) guidelines; a support letter that validates the authenticity of the event; public relations support (press releases / photos)

FINANCIAL INFORMATION - BUDGET

- Estimated income from the special event to be donated to the PCH Foundation:

\$ _____

- Will other charitable organizations benefit from this special event? (Y/N) _____

- If yes, please list the other beneficiaries.

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: _____