



**COMMUNITY EVENT HOSTING FORM \***  
**\*please fill out and return to the Foundation**

**CONTACT INFORMATION:**

Name of organization/individual(s) planning the event: \_\_\_\_\_

\_\_\_\_\_

If organization, please define:

- Corporation
- School
- Service Group
- Community Group
- Other: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Phone (including area code): \_\_\_\_\_

Email: \_\_\_\_\_

**EVENT INFORMATION:**

Name of event: \_\_\_\_\_

Type of event:  One-time  Annual  Ongoing

Event date: \_\_\_\_\_ Event time: \_\_\_\_\_

Location & address of event: \_\_\_\_\_

\_\_\_\_\_

**Please tell us about your event:**

Who is the target audience for your event?

- Family/friends
- Employees
- Members
- Customers
- General public
- Other: \_\_\_\_\_

**How funds will be raised? (select all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Ticket sales      | <input type="checkbox"/> Raffle/50-50 (requires gaming license)        |
| <input type="checkbox"/> Merchandise sales | <input type="checkbox"/> Live/Silent auction (requires gaming license) |
| <input type="checkbox"/> Cash donations    | <input type="checkbox"/> Event sponsorship                             |
| <input type="checkbox"/> Pledges           | <input type="checkbox"/> Other: _____                                  |

**What inspired you to hold this event/what is your connection to St. Boniface Hospital?**

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**DISTRIBUTION OF PROCEEDS**

What is your fundraising goal? \$ \_\_\_\_\_

- Proceeds are to be directed to the area of greatest need at St. Boniface Hospital.
- Proceeds are to be directed to a specific unit or initiative at St. Boniface Hospital. Please specify: \_\_\_\_\_
- I/We agree to submit the total amount of proceeds from my event to St. Boniface Hospital Foundation within 30 business days of the event end date.

**PROMOTIONAL MATERIALS**

St. Boniface Hospital Foundation is happy to provide you with promotional materials to support your event. Please indicate below what kind of materials you will need.

- Foundation banner
- Donation boxes (#\_\_\_\_)
- Foundation logo (electronic copy)

**Please mail, fax or email your completed form(s) to:**

St. Boniface Hospital Foundation  
Third Party Events Representative  
C1026 – 409 Taché Avenue  
Winnipeg, MB R2H 2A6

Fax: (204) 231-0041  
Email: [events@stbhf.org](mailto:events@stbhf.org)