



Fundraiser/Activity/Event by Outside Group APPLICATION

DATE OF APPLICATION: _____

EVENT NAME or TYPE: _____

Printed Name and Signature of Outside Group Representative: _____/_____

ORGANIZATION/COMPANY

Name of Organization/Company/Event: _____

Organization/Company Address: _____

Street/P.O. Box City State Zip
Phone: () _____ Fax: () _____

Web Address (if applicable): www._____.

CONTACT INFORMATION (Person Spearheading Event)

Name: _____

Position/Affiliation/Title: _____

Address (if different from organization/company):

Phone: () _____ Fax: () _____

Email: _____

FUNDRAISER/ACTIVITY EVENT INFORMATION

Event Date: _____/_____
(Day of Week) (Date)

Event Hours: _____ AM or PM (circle) to _____ AM or PM (circle)
(Time open and close to guests)

Description of Event (brief summary of goals of event, or product information):

Expected Attendance: _____

Target Audience: _____

FUNDRAISER/ACTIVITY EVENT INFORMATION (continued)

Provide a brief description of your method for raising funds (activity, silent auction, ticket sales, drawing, raffle, product sales, etc.): _____

How will funds be generated? (Examples: 10% of ticket sales; \$1 per transaction; 100% of profits, after expenses; 100% of ALL funds raised, etc.): _____

How much money do you anticipate donating to RMHWS from this fundraiser (your estimate does not obligate you to donating this amount)? \$ _____

How are you promoting this event (posters, web, TV, radio, print, other)?: _____

EVENT VENUE INFORMATION

Name of Venue: _____

Venue Address: _____
Street/P.O. Box City State Zip

Name and title of person you are working with at venue: _____

Phone Number for your contact: _____

RONALD MCDONALD HOUSE CHARITIES® OF THE PIEDMONT TRIAD, INC. (RMHCPT) SUPPORT

Please describe the type of support you are seeking from RMHWS (Examples: Event Speaker, Assistance with Promotions, Ticket Sales, Event Planning, etc.)

VOLUNTEER INFORMATION

If you are requesting assistance with securing volunteers to help staff the event, please provide the following information:

Time needed: _____ to _____ Number needed for this shift: _____
_____ to _____ Number needed for this shift: _____
_____ to _____ Number needed for this shift: _____
_____ to _____ Number needed for this shift: _____

Role/s and/or responsibilities of volunteers:

How should our volunteers dress: Circle - Business, Business Casual, Formal, Casual

Please allow two weeks from your submission date for our response. Once your activity is approved, RMHWS logos and additional promotional materials, as needed, can be shared with your organization.

**Please fax or email this application. Fax: (336) 970-5664
Attn: Mindy Bloom, Chief Development Officer**

**MindyB@rmhcpt.org
419 S. Hawthorne Road, Winston-Salem, NC 27103**