



EVENT APPLICATION FORM

Event Name: _____

Date: _____ Time: _____

Location: _____

Contact Name: _____

Contact Phone: _____ Cell: _____

Contact Address _____

Province: _____ Postal Code: _____

Contact Email: _____

Fundraising Goal: \$ _____ Expected # Attendees: _____

Description of event: _____

What portion of funds raised will go to Green Haven Shelter for Women: % _____

How are you planning to raise funds? _____

Will your event require tax receipts? _____

NOTE: Please see toolkit for more information about tax receipting

How will you promote your event? Which types of materials do you plan on developing

Poster ___ Flyer ___ Social Media ___ Website ___ Other ___ (please specify) _____



I am requesting usage of the Green Haven Shelter for Women logo: Yes _____ No _____

I am requesting usage of Brochures, Postcards, Stands, at the event: Yes _____ No _____

Submission:

Please note: this application must be submitted to Green Haven Shelter for Women for review and approval. We will contact you to confirm approval and review any details within 2 business days.

Submit to fundraiser@ghws.ca

Organizer(s) Signature: _____

Date Submitted: _____

Thank you

Office Use Only:

Received: _____

Approved by: _____ Contacted Organizer Via: _____

Date: _____