



## Third Party Event Proposal Form

Host Organization or Individuals \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Event \_\_\_\_\_ Event Date \_\_\_\_\_

Location \_\_\_\_\_ Time \_\_\_\_\_ Estimated # of Attendees \_\_\_\_\_

Ticket Price \_\_\_\_\_ Portion of Ticket Going to GTH \_\_\_\_\_ Vendor Sales \_\_\_\_\_ %

Will your event be:  By Invitation  Open to the Public

Has the event been done before?  Yes  No Estimated total donation to Gateway to Hope: \$ \_\_\_\_\_

Who do you expect to attend this event: \_\_\_\_\_  
\_\_\_\_\_

How will this event be promoted/publicized: \_\_\_\_\_  
\_\_\_\_\_

Are there any other beneficiaries besides Gateway to Hope?  Yes (please list)  No  
\_\_\_\_\_

Anticipated Event Sponsors or in-kind donors: \_\_\_\_\_  
\_\_\_\_\_

Please indicate if the following opportunities are available to Gateway to Hope at this event:

GTH Representative to Speak  GTH Information Table

- 
- I have read and agree to adhere to the Gateway to Hope Event Guidelines
  - I am authorized to sign this agreement on behalf of my company/business
  - Proceeds will be submitted to Gateway to Hope by check within 30 days of my event
  - All promotional and marketing materials bearing the Gateway to Hope Logo or Name will be submitted to GTH for approval before distribution to the public

Signature: \_\_\_\_\_ Date: \_\_\_\_\_