



UNYIELDING DETERMINATION.
EMPOWERING LIVES.

Fundraising Event Approval Form

Thank you for your interest in supporting Craig Hospital. Filling out this application will allow us to help you develop the best event possible. Please allow 30 days for processing and review. **Return completed form to Nancy Tomb at Craig Hospital, 3425 S. Clarkson St., Englewood, CO 80113, ntomb@craighospital.org.**

Name of Event _____ Date of Event _____

Time of Event _____ Location of Event _____

Contact Information

Name _____ Title _____

Company/Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Fax _____

Event Overview

Why do you want to support Craig Hospital? _____

Please provide a brief description of your fundraising event. _____

Will the funds be Unrestricted ___ yes ___ no If no, please list the fund or department you wish to benefit: _____

Event Logistics (please check yes or no and provide additional information)

Will alcoholic beverages be served? ☐ Yes ☐ No

If yes, do you have a permit to serve alcohol? ☐ Yes ☐ No

Is insurance required for this event? ☐ Yes ☐ No

Have you obtained insurance? ☐ Yes ☐ No

If yes, please indicate ☐ Property ☐ Liability List the name of the insurance company _____

Please check with Craig Hospital to determine whether we need to be listed as an additional insured.

Have you obtained the proper permits and licenses that pertain to your event? Please list the permits you have acquired and the permits you are still working on. _____

How often will the event occur? ☐ One time ☐ Annual ☐ On-going ☐ Other If other, please explain: _____

How long have you put on these benefits? First year _____ # of years _____

Will this event benefit another organization? ☐ yes ☐ no Provide name: _____

Will this event have a planning committee? ☐ yes ☐ no Provide names _____

Revenue / Budget (If you have a budget for the promotion, please send us a copy. If not, please estimate.)

Anticipated Revenue \$ _____ Anticipated Expenses \$ _____

Percentage of net proceeds to be donated to Craig Hospital? _____% If less than 100%, please list the amount and explain: _____

Marketing / Promotions

Are there sponsors tied to the event (i.e. corporate, media partners, etc.)? ☐ yes ☐ no If yes, please list:

Will you need to use the Craig Hospital logo? ☐ yes ☐ no How will you utilize logo? _____

(Printed materials which include the name/logo of the hospital must be reviewed and approved to ensure that it is consistent with our graphic standards)

Public Outreach – please check all that apply

☐ Public Relations ☐ Advertising ☐ Radio ☐ Website ☐ TV ☐ Print ☐ Outdoor ☐ Flyers ☐ Other _____

Craig Hospital Involvement

Do you require assistance from Craig Hospital Foundation staff? ☐ yes ☐ no If so, in what capacity? _____

We will be in contact with you after your application has been submitted.