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Name of individual or organization sponsoring event

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Contact person

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Contact address

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Phone

Email

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Name of Event

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Proposed Date/Time

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Event Location

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Description of Event

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Projected Attendance

Projected Dollar Amount to be Raised

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Proceeds to Benefit (use of funds)

*I understand until written permission is granted, contributions may not be solicited on behalf of the Mary & John Elliot Charitable Foundation or Elliot Health System. I understand I will be contacted within 14 business days of submitting this application.*

*I also agree to release and hold harmless The Mary & John Elliot Charitable Foundation and Elliot Health System officers/employees from any and all claims related to the fundraising effort.*

*I have read and agree to follow the Third-Party Fundraising Guidelines.*

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Signature

Date