



Third Party Event Application

Today's Date:

Contact Information

Name of Presenting Organization or Individual:

Mailing Address:

Contact Name (If different than above):

E-mail address:

Phone:

Event Information

Event Name:

Event Description:

Event Date(s):

Event Hours:

Event Location:

Number of expected attendees:

Please provide any additional details or information we should know about the proposed event:

Budget Information

Projected Income:

Projected Expenses:

What is your Fundraising Goal (after expenses)?

Please describe how funds will be raised (admission, silent auction, etc.):

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Name of Presenting Organization or Individual:

Will other charitable organizations benefit from this event?

Yes

No

If so, please name and describe the extent to which these groups will benefit:

Marketing Plan

Please describe your publicity plan (brochures, print/radio/TV/social media or online advertising, invitations, etc.):

Other Information

If you would like to request assistance or promotional materials for your event, please list your requests below. *[Please note Partners in Animal Care is unable to provide financial assistance for hosting the event and is not responsible for expenses that may be incurred by third party organizers.]*

I have read and understand Partners in Animal Care's Third Party Policy and Guidelines.

Applicant's Signature: _____

Date: _____

Please print applicant's name here:

Thank you for your interest in supporting Partners in Animal Care. Please return completed form at least 30 days prior to your event to:

E-mail: info@partnersinanimalcare.org

OR

U.S. Mail:

Partners in Animal Care

P.O. Box 4712

Greenville, SC 29608

Please allow 5 business days for review and approval of this application.

Partners in Animal Care Approval Signature

Date