



Ronald McDonald
House Charities®
of Northeast Indiana

Keeping families close™

Third Party Event Application

Thank you for choosing Ronald McDonald House Charities of Northeast Indiana (RMHC NEIN)! Please complete this application and submit it to RMHC NEIN for approval 90 days prior to your event. Please note: your application must be approved prior to publicizing or holding an event benefitting RMHC NEIN.

CONTACT INFORMATION:

Date Submitted: _____

Organization Name: _____

Contact Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____ Company Web site (If available): _____

Yes, I would like to receive the RMHC NEIN E-newsletter

EVENT INFORMATION:

Event Name: _____

Description: _____

How will you promote your event? _____

Date: _____ Time: _____ Location: _____

Is this event open to the public? Yes No Number of people expected: _____

PAST EVENTS:

Have you organized a third-party event for RMHC NEIN previously? Yes No

If yes, briefly describe the event and the gift provided to RMHC NEIN: _____

FINANCIAL INFORMATION:

How will you raise funds through your event (e.g., ticket sales, donations, auction, etc.)?

Will RMHC be the sole beneficiary of your event? Yes No

If not, please list other beneficiaries and how proceeds will be divided: _____

- A. How much do you expect to raise through your event? \$ _____
- B. What are your total expected expenses? (should not exceed 50% of total expected income) \$ _____
- C. What are your anticipated net proceeds? (A minus B = C) \$ _____

Are you seeking sponsorship(s) for your event? Yes No

If yes, whom do you intend to contact? _____

MARKETING AND PROMOTIONS:

Upon approval, you may, in most instances, use the RMHC name and logo. The RMHC NEIN must approve all promotional materials before print or distribution, including – but not limited to – fliers, email, web content and press releases. All material must clearly indicate that the event is not sponsored by RMHC NEIN. RMHC NEIN reserves the right to withdraw the use of its name and logo at any time.

RMHC NEIN would be pleased to offer assistance with any of the following in support of your event (please note Third Party events are to be hosted by the organization).

- Letter of Endorsement
- Press Release Distribution
- Information about RMHC/RMH + RMCM
- RMHC Logos
- Social Media Promotion

THIRD-PARTY APPROVAL:

Each third-party event will be considered individually. Generally, the following events will not be approved:

- Events located in close physical proximity or date to another RMHC event.
- Events that require RMHC NEIN to sell merchandise, tickets, coupons, etc.
- Events that require RMHC NEIN to purchase a booth.
- Events that require significant assistance from RMHC NEIN staff and volunteers.
- Events associated with businesses or individuals known to conduct themselves in a manner not compatible with RMHC NEIN’s mission and values.

I/We hereby acknowledge the following:

- I/We agree to provide adequate staffing and volunteers for this event.
- I/We agree to comply with all requirements of the IRS regarding donation receipts related to this event.
- I/We agree to use our own mailing list for this event.
- I/We acknowledge that RMHC NEIN auditors may request verification of revenue from events through which contributions are made to RMHC NEIN.
- I/We acknowledge that I/we have read the RMHC NEIN Guidelines for hosting a Third Party Event.
- I/We have completed the RMHC NEIN Event Release form.
- I/We acknowledge RMHC NEIN will not assume any legal or financial liability for the above referenced event.

Event Coordinator/Contact name and Title	Date
RMHC NEIN Representative	Date

THANK YOU. Your support will help keep families close to each other and the care they need to thrive.

Ronald McDonald House Charities of Northeast Indiana
 11109 Parkview Plaza Drive
 Fort Wayne, IN 46845
 260-266-3590
 Fax # 260-266-3599
Christine.Miller@parkview.com

Office Use Only: ____ Approved: ____ Denied: ____ Notified: ____

Comments: _____