



Hubbard House
EVERY RELATIONSHIP VIOLENCE-FREE

Third Party Fundraising Event Form

Group/Organization: _____

Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____

E-Mail Address: _____

Proposed Event Details:

Name of Event: _____

Date of Event: _____ Time: _____ to _____

Venue Address: _____

City: _____ State: _____ Zip Code: _____

Event Website: _____

Open to the public: Yes or No Cost to attend the event \$ _____

Description of the event: (e.g. Walk A Thon, Golf Tournament, Neighborhood Drive, etc.):

Anticipated Event Income: \$ _____ or _____ % of funds raised.

Is this event: Annual One-time

Hubbard House staff only:

Date Application Received: _____ Event Approved or Denied (circle one) Date responded: _____

Amount raised \$ _____ Date received _____ Staff Signature: _____

Assigned to: _____ Provided Logo: Yes or No Items requested: _____