

**Pathways Health Centre for Children
Special Event Proposal Form**

Date Submitted_____

Name of Individual/
Organization planning event_____

Contact Person and Title_____

Telephone_____ Fax_____

Email_____

Event Name/Type_____

Event Date_____ Event Time_____

Event location and address_____

Please provide a brief description of the event:

Please describe how revenue will be generated (pledges, tickets, sales, sponsorship, ect.)

Do you require any of the following?

Tax Receipts _____YES _____NO

If you want to issue income tax receipts, explain to whom they will be issued and for what purpose. It is important to discuss receipting issues with Pathways Health Centre for Children staff in order to determine whether we are able to issue tax receipts to donors; this ensures compliance with Canada Revenue Agency regulations.

Do you require a member of the Community Relations Committee to speak at your event?

_____ YES

_____ NO

Does your event require a gaming license?

_____ YES

_____ NO

Please Note: that the **Gaming Services Act (GSA)** regulates events such as Bingo's, Raffles, Monte Carlos/ casinos, 50/50 Draws and alcohol permits. **Pathways Health Centre for Children must apply for the licence as stated in the GSA.** (Please allow 4 weeks to process applications.)

Please also note that Pathways Health Centre for Children will NOT take out liquor licenses for third party events and strongly discourage licensed gaming activities.

BUDGET BREAKDOWN

Projected Total Revenue – Total Expenses = Estimated Revenue

EXPENSES

I, _____ agree that Pathways Health Centre for Children's name and logo are registered trademarks. I agree that a representative of Pathways Health Centre for Children must approve this proposal and the use of its name/or logo prior to publicizing or holding the event. I agree to donate the full amount of the proceeds raised within 60 days of the event date(s).

Signature of Applicant

Date