

## **Easter Seals BC/Yukon**

## THIRD-PARTY PROPOSAL FORM

## **Applicant Information**

Full name:				
	Last	First		
Address:				Phone:
	Street address		Apt/Unit #	
				Email:
	City	Province	Postal Code	
Organization:		W	ebsite:	
Event Information	tion			
Event Name:			Event Date:	
Event Time:			Est. # Attendees:	
Event Address:				
Event Description:				
Description.				
Target Demographic:				
Event Purpose:	Raising money? Collecting in-kind donations? Increasing awareness?			
Fundraising Goal:				
Resources requested from Easter Seals BC & Yukon:	Subject to approval and availability e.g. Signage, donation collection, charitable tax receipts, speakers, or volunteers			
	s understand and agree that a ne proposed event must be ap			using Easter Seals BC/Yukon's name or logo re they are published.
I certify that my ans	wers are true and complete to	the best of my know	wledge.	
Signature:				Date: