Winship Cancer Institute Event Application

1)	Name of sponsoring organization:
	Contact name: Contact job title:
	Address: Email:
	Primary phone: Alternate phone:
2)	Type of proposed project and detailed description (include time, date and location):
3)	Is the project a public appeal for: (circle one): Funds Tickets Sale of commodities (specify):
4)	Is your organization (circle one): Nonprofit or For profit
5)	Estimated donation: \$
6)	What, if any, support (e.g., logo, balloons, banners, check presentation) will be requested from Winship?
7)	What is your plan for publicity, if any?
	NOTE: All promotional materials using Winship's name, logo, and organization information must be approved prior to distribution.
8)	Have you sponsored a special project before? (circle one): Yes No
	If yes, list the most recent project you have sponsored and its beneficiary.
	Date of project: Beneficiary contact name and number:
9)	Is this, or will this be, an annual event benefiting Winship? (circle one): Yes No TBD
10)	Why did you choose Winship to be the beneficiary of your event?
11)	I have read the Community Fundraising Events Guidelines and Policies and agree to follow them as stated.
Sig	gnature: Print Name:
Γ	FOR USE BY WINSHIP
1	Approved Date: Date:
	Allocation: Winship Cancer Institute Advancement Office Contact:
Th	ank you for your interest in partnering with us to make a difference in the fight against cancer.
	nen you have completed this form, attach all supporting documents – such as budget, committee structure, information about your ganization and printed materials, including brochures and drafts of invitations or tickets that will include the name Winship – and
em	nail or mail to: Scott Larimore
	<u>Scott.Larimore@emory.edu</u> Winship Cancer Institute of Emory University
	1440 Clifton Rd NE, Suite 170
	Atlanta, GA 30322