



COMMUNITY FUNDRAISING EVENT FORM

Name of event _____

Date and time of event _____

Location (venue name) _____

Address _____

Street Address

City

State

Zip

Organization name _____

Contact name _____

Address _____

Street Address

City

State

Zip

Telephone numbers _____

Home

Work

Cell

Email _____

Event website (if applicable) _____

Is this fundraiser open to the public? Yes No

Ticket price/admission fee \$ _____

Event description _____

How will funds for BAF be collected (i.e. ticket sales, raffles, % of sales, straight donations, etc.)? _____

Proposed marketing materials/ activities (including posters, flyers, mailings, and web/social content) _____

How will the organization use BAF's name and/or logo to promote the event? _____

(BAF must review and approve all marketing materials, which include our name and/or logo.)

Will any organization, other than BAF, benefit from this event? Please list the names of these organizations and how they will benefit (include shared percentage of proceeds) _____

Projected donation to BAF \$ _____

Name of person submitting form _____