



Helpmate

Domestic Violence Advocacy

SAFETY. SHELTER. SUPPORT.

Third Party Event Proposal Form

Primary Contact _____ Today's Date _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Daytime Phone _____

Event/Activity Title _____ Date of Event _____

Description of Event/Activity _____

Why is Helpmate's work important to you and for your business? (quote for use in fb, twitter, etc.) _____

Does Event Require Permit, License or Insurance? Yes No

How will you promote/market this event? (Please attach samples of all printed materials to be distributed for this event. If Helpmate's name and/or logo is included on material, prior approval must be secured before distribution occurs.)

Is this a ticketed event? _____ Cost per ticket? _____

% of Proceeds to be donated to Helpmate _____ # of People Participating? _____

Other Benefiting Organizations

1. _____

2. _____

Other Information You Want Us to Know _____

If you represent a business, please let us know if you would you be interested in information about recognition as a Business Partner if the proceeds of this event exceed \$500.

LIABILITY: The organizer hereby fully releases and agrees to hold harmless Helpmate, Inc., its Officers, Directors and representatives of and from any liability, claims, damages, expenses or cases of action for any reason.

I agree that all information provided is accurate and that I will adhere to the terms stated within this document re: proceeds and event promotion. Please return this form to 3rd Party Events, PO Box 2263, Asheville, NC 28802 or just email it to the staff member with whom you've had primary contact. Thank you.

Signature _____