Epilepsy Foundation Eastern Pennsylvania Application Form for Special Events, Benefits or Promotions

Please read the attached guidelines before completing this application. Once completed, send the application form to:
Epilepsy Foundation Eastern Pennsylvania 919 Walnut Street, Suite 700 Philadelphia, PA 19107 (215) 629-5003 P (215) 629-4997 F
You may call us at (215) 629-5003 x107 or email <u>JGreenberger@efepa.org</u> if you have any questions about the guidelines or form.
Once the application form is received, it will be reviewed for consideration and approval. We will contact you to discuss the details of the event and by filling out this application doesn't mean you will be approved.
Name of event:
Date/Time/Location:Raindate:
Name of your organization:
Contact person:
Email:
Address:
City, State, Zip:
Daytime Phone:Fax:
Event description:
How will revenue be generated (i.e. admission fees, tickets, raffle, proceeds, goods for sale)?

Budget Information: (Please attach details)

EVENT BUDGET	PROJECTED AMOUNT	ACTUAL AMOUNT
Total Revenue	\$	\$
Total Cost (fill below)		
Venue	\$	\$
Printing	\$	\$
Prizes	\$	\$
Food/Beverage	\$	\$
Advertising	\$	\$
Other (specify)	\$	\$
Total Revenue- Total Cost =	\$	\$

EXAMPLE:

Projected Donation:_____

How will you market the event to get people to come (if this includes publicity please list all areas areas, i.e. brochures, radio, print ads, television, etc. you have planned)?

Is the <u>attendance of EFEPA staff member(s)</u> needed <u>at the event</u> ?	If yes, please explain	need for
attendance. If speaking opportunity, what topic to be discussed.	Yes	No

Need for Attendance, if applicable:

I, ______ understand that the Epilepsy Foundation Eastern Pennsylvania reserves the right to approve or deny this proposition to host a third-party event on behalf of the Epilepsy Foundation Eastern Pennsylvania. Pending approval, I agree to that the Epilepsy Foundation Eastern Pennsylvania's name and logo are registered trademarks. I agree that a representative of the Epilepsy Foundation Eastern Pennsylvania must approve this proposal and the use of its name and/or logo prior to publicizing or holding the event. By publicly naming the Epilepsy Foundation Eastern Pennsylvania as the beneficiary of my event, I agree to donate the full amount of the proceeds raised within 45 days of the event date.

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Signature of Applicant

Date

Print Name