

**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 [JGreenberger@efepa.org](mailto:JGreenberger@efepa.org) 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.

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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)?

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\_\_\_\_\_

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