

Fundraising Event Application

Your Information:

CONTACT NAME: _____

Are you a (an):

Individual Community Group Business Foundation

Other _____

Name of organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Event Information:

NAME OF PROPOSED EVENT: _____

Type of event: _____

Event date: _____ Event start time: _____

Event location: _____

Briefly describe the event:

Projected attendance: _____

The event is: Open to the public Invitation only

Will the event include an auction or raffle? (Raffles require registration with Sheriff's Department.)

Yes No

How will the event be publicized?

Estimated net income: _____ Estimated event expenses: _____

Are there any beneficiaries besides Christian City? If yes, please list (at least 50% of the net proceeds must be donated to Christian City in order for Christian City's name to be used in promotion)

Will the money from the event be used to support a specific part of Christian City? Yes No

If yes, which? Children's Village Safe Place Crossroad's Foster Care Senior Living

Other: _____

Will local businesses be contacted for donation, sponsorship or to assist in any way?

Yes No

If yes, please identify the businesses you wish to contact (use a separate sheet if necessary). You must request permission from Christian City prior to soliciting any business.

Will the event require insurance?

Yes No

If yes, will you provide the insurance?

Yes No

Is this going to be an annual event?

Yes No

If yes, do you plan for Christian City to be the beneficiary in future years? (If so, please plan to submit an application each year.)

Yes No

Form continues next page

Required

(Event should project a \$3:\$1 Return on Investment)

Event Budget:

PROJECTED EXPENSES:

VENUE

\$ _____

- Non-Refundable Deposits
- Rentals Fees
- Security
- Insurance Coverage

FOOD & BEVERAGE

\$ _____

- Food
- Beverage
- Service Fees/Gratuities

GIFTS, PRIZES, AWARDS

\$ _____

- Event items (t-shirts, favors)
- Winner Prizes/Awards
- Sponsor Gifts

ENTERTAINMENT

\$ _____

- Contracts
- Venue setup (stage, sound, etc.)

DECORATIONS

\$ _____

- Materials, etc.

PROMOTION

\$ _____

- Printing & Production
- Banners, Signs, Markers
- Photography and Media

Event Revenue:

SPONSORSHIPS

\$ _____

- Various levels

DONATIONS/CONTRIBUTIONS

\$ _____

Please provide the top 10 sponsors/donors & amount committed by each

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____

I have read, understand and agree to abide by the Christian City Special Event Guidelines. I understand the information I provide in this in this application is kept on file. This application must be submitted no less than 120 days prior to the proposed event date. Christian City will respond to your application within 2 weeks of receipt.

Signature _____ **Date** _____

Return this entire application to:

Christian City Inc.
ATTN: Special Events Registration
7345 Red Oak Road
Union City, Georgia 30291
Development Office (678) 466-1093

If completing electronically, save the filled in file with a new name and send to: events@christiancity.org