



**Event Hosting Application Form**  
**ROYAL UNIVERSITY HOSPITAL FOUNDATION**  
(Charitable Business # 11927 9131 RR0001)

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Please fill out our events form below. We require event organizers to register their events with The Royal University Hospital Foundation (RUHF) to ensure we provide the appropriate support and to ensure the community is made aware of the events that support RUHF.

Please note that when a business or individual wishes to donate a portion of the proceeds from the sale of a product or service this is a cause marketing venture and will not be treated as a community event.

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Royal University Hospital Foundation 103 Hospital Drive Saskatoon, SK S7N 0W8. (Room 1626 Located next to the old main entrance)

Phone 306-655-1984 Fax 306-655-1979 email [ruhfoundation@saskatoonhealthregion.ca](mailto:ruhfoundation@saskatoonhealthregion.ca) Website: [ruh.org](http://ruh.org)  
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**CONTACT INFORMATION:**

Name/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City & Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Can we use the above contact information on our website so people can contact you?

Yes  No

Please select the category that best describes you or your organization:

Individual  Community  Corporate  School  Service Club  Employee Group

Other: (please specify) \_\_\_\_\_

**EVENT INFORMATION:**

Event Name: \_\_\_\_\_

Event Date(s) & Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Is there an event website?  Yes  No (If yes, please specify) \_\_\_\_\_

Will you be using other social media to promote this event?  Yes  No  
(If yes, please specify) \_\_\_\_\_

Is this a first time event?  Yes  No (If no, please specify other event dates and amounts raised)

Target Market for Event:  Employees  Customers  Members  General Public  
 Other \_\_\_\_\_

Please briefly describe your event (i.e. location, cost to participants, etc.):  
*This information will be used to promote your event on our website.*

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Is there an expectation for charitable receipts to be issued (see attached):  Yes  No

Will you be applying for a lottery license from SLGA:  Yes  No

**PUBLIC RELATIONS INFORMATION:**

Will you be working with an individual or company to promote your event?  Yes  No  
(If yes, please specify) \_\_\_\_\_

Will materials, such as flyers and posters be printed to promote the event or campaign?  
 Yes  No If yes, please indicate the extent of distribution and dates of release.

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If you intend to use the name and/or logo of Royal University Hospital Foundation in your printed materials please indicate when you would need a camera-ready logo. \_\_\_\_\_

**NOTE: All printed materials must be reviewed and approved by Royal University Hospital Foundation.**

**FINANCIAL INFORMATION**

Estimated gross revenue: \$ \_\_\_\_\_  
Estimated expenses: \$ \_\_\_\_\_  
Estimated net proceeds to Royal University Hospital Foundation: \$ \_\_\_\_\_  
Anticipated date the RUH Foundation will receive donation: \_\_\_\_\_ (mm/dd/yyyy)

Please note that all fundraising activities to benefit patient care at Royal University Hospital are coordinated by the Royal University Hospital Foundation. If you have any questions concerning this application, please contact RUH Foundation at (306)655-1984.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name and position: \_\_\_\_\_

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RUH Foundation Representative:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name and position: \_\_\_\_\_

THANK YOU FOR SUPPORTING  
ROYAL UNIVERSITY HOSPITAL FOUNDATION

## Royal University Hospital Foundation Event Hosting Agreement

The SPONSORING ORGANIZATION or INDIVIDUAL agrees to submit all copy for advertisements, point of purchase materials and other project-related promotional materials to Royal University Hospital Foundation office and to obtain the Foundation's written permission before production or use. The Foundation expressly reserves the right to final approval on all Royal University Hospital Foundation promotional materials.

The SPONSORING ORGANIZATION or INDIVIDUAL agrees to use only the authorized name and logo of Royal University Hospital Foundation in all media and printed materials relating to the special project/promotional campaign/event.

The SPONSORING ORGANIZATION or INDIVIDUAL agrees to underwrite all costs of the special project/promotional campaign/event or to secure such underwriting. No costs shall be incurred by Royal University Hospital Foundation unless otherwise agreed in writing prior to the special project/promotional campaign/event.

The SPONSORING ORGANIZATION or INDIVIDUAL agrees to provide names of prospective sponsors to Royal University Hospital Foundation for review prior to contacting them for support.

Royal University Hospital Foundation agrees to provide the SPONSORING ORGANIZATION with recognition commensurate with the level of giving as set forth in the Donor Recognition Policy.

The SPONSORING ORGANIZATION or INDIVIDUAL agrees to handle all monetary transactions for the special project/promotional campaign/event and to present the net proceeds to Royal University Hospital Foundation within 30 days of the special project/promotional campaign/event.

The SPONSORING ORGANIZATION or INDIVIDUAL agrees to provide all staffing and volunteers for the special project/promotional campaign/event unless otherwise agreed in writing.

The SPONSORING ORGANIZATION or INDIVIDUAL agrees to use its own mailing list for the special project/promotional campaign/event unless otherwise agreed in writing.

The SPONSORING ORGANIZATION or INDIVIDUAL understands that there is a Recovery of Fundraising Cost (ROFC) Policy that all SHR Hospital Foundations abide by. Full details of the policy can be found on the RUHF website. The ROFC will be applied to net proceeds transferred to all SHR designated areas of support or endowment fund.

I have read this authorization and waiver and fully understand it and all its provisions and obligations. By signing below, I indicate my agreement and understanding.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Contact

\_\_\_\_\_  
Print Name of Contact

Last updated July 2015

For Office Use Only:	
Date Application Received: _____	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	RUHF Staff Initial: _____