

Third Party Event Application Form



Thank you for choosing to support Royal University Hospital Foundation (RUH Foundation) with your proposed Third Party Event. To best support you and your efforts we ask that you complete and submit this application in advance of developing your activity.

Please note that the Foundation will enter into a third party cause-related marketing agreement (where a portion of the proceeds from the sale of a product or service is donated to RUH Foundation) only after due diligence is performed to ensure the integrity and financial stability of the proposed business partner, and to confirm that the proposed marketing is appropriate for the Foundation.

Upon approval of your fundraiser you will receive a Third Party Event Agreement to be signed by the principal organizer of the event to serve as written commitment in accordance with the terms and conditions as outlined in the Agreement.

Contact Information

Name/Organization: _____

Contact Person: _____

Address: _____

City & Province: _____ Postal Code: _____

Business Phone: _____ Home Phone: _____ Cell: _____

Email address: _____

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 or Facebook page? ☐ 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 provide event dates and amount raised)

Target Market for Event: ☐ Employees ☐ Customers ☐ Members ☐ General Public

☐ Other: _____

Please briefly describe your event (i.e. location, cost to participants, etc.):

We will use this information to promote your event on our website.

Do you want to designate event proceeds to a specific department, program or initiative?

☐ Yes ☐ No (If yes, please specify) _____

Do you require charitable receipts to be issued? (See Third Party Event Guidelines) ☐ 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 distributed to promote the event or campaign?

☐ Yes ☐ No (If yes, please indicate the extent of distribution and dates of release)

Do you intend to use the name and/or logo of RUH Foundation in your printed materials? If so, please indicate when you would need a camera-ready logo.

Note: All promotional materials must be reviewed and approved by RUH Foundation prior to their distribution. Please ensure your material says "in support" of RUH Foundation.

Financial Information

Estimated gross revenue: \$ _____

Estimated expenses: \$ _____

Estimated net proceeds to RUH Foundation: \$ _____

Anticipated date the Foundation will receive donation (within 30 days of the event) _____
(mm/dd/yy)

☐ I have read and will comply with the RUH Foundation Third Party Event Guidelines and Important Information.

All fundraising activities which benefit patient care at Royal University Hospital are coordinated by the RUH Foundation. If you have any questions about this application we'd love to hear from you. Please contact RUH Foundation at 306.655.1984.

Third Party Applicant

Signature: _____ Date: _____

Please print name and position: _____

RUH Foundation Representative

Signature: _____ Date: _____

Print name and position: _____

Thank you for supporting Royal University Hospital Foundation

For More Information



RUH Foundation, 103 Hospital Drive, Saskatoon SK S7N 0W8



306.655.1984



info@ruhf.org



ruhf.org