



Cure Kids Cancer Special Event Guidelines

Thank you in advance for your desire to make a difference for children with cancer. Your efforts will impact the lives of children from our region. These guidelines have been prepared for individuals, organizations and other groups that would like to hold an event benefiting Cure Kids Cancer at Sanford Children's Hospital. We ask that no announcement or publicity of any proposed event may be made until Cure Kids Cancer is notified.

Cure Kids Cancer has the right to approve only those events that represent the Hospital appropriately, upholding our mission and image, offering the net proceeds or an acceptable percentage of net revenue to Cure Kids Cancer. We would appreciate if the completed Cure Kids Cancer Events Proposal Form is submitted to our office at least 30 days in advance of the event.

The use of the Sanford Children's Hospital logo and name may be used only after Cure Kids Cancer has granted approval. If approved we will provide a camera-ready logo, please do not copy it from other sources.

In naming the event, Sanford Children's Hospital should not be used in the title, but as the beneficiary of the net proceeds. For example: (Event name) benefiting Cure Kids Cancer at Sanford Children's Hospital. Cure Kids Cancer at Sanford Children's Hospital reserves the right to approve any and all co-beneficiaries.

If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors must be reviewed and approved by a Cure Kids Cancer representative prior to approaching.

Hospital representation may be available for the event; however, the request must be made well in advance of the event.

Approval to repeat an event must be requested each year from Cure Kids Cancer.

All net proceeds must be submitted to Cure Kids Cancer within 45 days.
Funds should be made payable to and mailed to:

Cure Kids Cancer
1305 W. 18th St
P.O. Box 5039
Sioux Falls, SD 57117-5039

Questions?

Please contact: Erin Rohrer (605) 312-6753 or erin.rohrer@sanfordhealth.org

We're fighting cancer so kids don't have to.

EVENT PROPOSAL FORM

NOTE: APPLICATION MUST BE APPROVED BY CURE KIDS CANCER PRIOR TO PUBLICIZING OR HOLDING EVENT

Name of group or company planning event: _____

Contact Person: _____ Title: _____ Email: _____

Mailing Address: _____

Daytime Phone: _____ Alternative Phone: _____ Fax: _____

Briefly describe your organization: _____

Name of proposed event: _____

Event Date: _____ Event Time: _____ Event Location: _____

Briefly describe the event: _____

Is the event: Open to the public By invitation only

Have you formed a committee to help organize this event? Yes No

If no, who will support you in your efforts? _____

Has the event taken place before? Yes No

If so, when, and elaborate on your successes and lessons learned: _____

Are there other beneficiaries besides Cure Kids Cancer? Yes No

If yes, please explain: _____

How will the funds be raised? _____

Ticket sales: Yes No Amount: \$ _____ | Auction: Yes No | Sponsorships: Yes No Amount: \$ _____

Other fundraising options: _____

Who will you solicit? Friends Clients Family Other: _____

How will you promote this event? _____

Why would you like to do a special event or promotion for Cure Kids Cancer? _____

Do you need assistance with your event from Cure Kids Cancer? Yes No

If so, what type of assistance do you need? _____

Do you need a hospital representative at your event? Yes No

Estimated total costs of event: \$ _____ Estimated revenue of event: \$ _____

Estimated net income of event: \$ _____

How will expenses be paid? From proceeds By event organizer

Estimated amount to be given to Cure Kids Cancer: \$ _____

Does your company plan to match the amount you raise? Yes No

I agree that Cure Kids Cancer will receive all revenues from the event within 45 days of the event. Yes No

I agree that all publicity for the event must be approved by Cure Kids Cancer prior to being printed, etc. Yes No

Print Name: _____ Signature of Applicant: _____

Date: _____

PLEASE RETURN FORM TO: **Sanford Health Foundation – Cure Kids Cancer**, 1305 W. 18th St., P.O. Box 5039, Sioux Falls, SD 57117-5039 • Phone: (605) 312-6753 • Email: erin.rohrer@sanfordhealth.org

Your support is greatly appreciated!

For Hospital use only

Date approved: _____ Approved by: _____