

# PARTNER EVENT AUTHORIZATION FORM



## ORGANIZER(S) INFORMATION

☐ Individual    ☐ Organization    Individual/Organization Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

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

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

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Secondary Contact Name (if applicable): \_\_\_\_\_

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

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

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EVENT INFORMATION

Name of Fundraising Activity: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Location of the venue: \_\_\_\_\_

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

Fundraising Goal: \_\_\_\_\_ Anticipated donation to the Foundation: \_\_\_\_\_

### Type of event

☐ Dinner or Lunch

☐ Sporting event

☐ Fashion show

☐ Concert

☐ Golf

☐ Other: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Raising Money for: \_\_\_\_\_

Please complete this form and return it to:

### CEDARS CANCER FOUNDATION

1310 Greene Avenue Suite # 520, Westmount, Quebec H3Z 2B2

or email to: [lina.zatkovic@cedarscancer.ca](mailto:lina.zatkovic@cedarscancer.ca)



FONDATION DU  
CANCER DES CEDRES  
CEDARS CANCER  
FOUNDATION

Centre universitaire  
de santé McGill



McGill University  
Health Centre



MEMBRE DU / MEMBER OF  
Réseau de  
cancérologie  
Rossy  
Rossy  
Cancer  
Network

Partner Event Authorization Form.....PART 1 / 2

## Preliminary Budget

Estimate Revenues	Amount \$
Sponsorships	
Cash donations	
Registration fees	
Tickets Sales # @ \$	
Advertising in the souvenir Book	
<b>Total Estimated Revenues</b>	

Estimate expenses	Amount \$
Venue Rental	
Food	
Beverage	
Printing (invitation, posters.... )	
Security	
Permit or License Fee	
Insurance	
Advertising and promotional material	
Audio visuals	
Signage	
Entertainment	
Gift and Prizes	
Decoration	
Rentals	
other	
<b>Total Estimated Expenses</b>	

<b>Total NET Estimated Profit</b>	<b>\$</b>
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Pursuant to the policies and guidelines set out by the Canada revenue Agency, expenses must not exceed 50% of total revenues

Ratio of expenses versus revenues:

**Expenses** \_\_\_\_\_ / **Revenues** \_\_\_\_\_ \* 100 = \_\_\_\_\_ % The result must be less than 50%

My anticipated budget respect the maximum ratio of 50% ☐ Yes

Will funds be allocated to any other charitable organization? ☐ Yes ☐ No

Please list the name of the other organization (s) \_\_\_\_\_

### Notes:

- ❖ The Cedars Cancer Foundation reserves the right to refuse an event. (Funds raised must respect the policies and guidelines)
- ❖ Funds received by the Cedars Cancer Foundation will be automatically assigned to the foundation and they can not be reclaimed by the event organizer to cover expenses.

I the undersigned, hereby acknowledge and confirm that I have read and understood all Terms and Guidelines, and agree to release the Cedars Cancer Foundation from all liability (personal or bodily injury, loss, stolen or property damage)

### Submitted by:

\_\_\_\_\_  
Name Signature Date

### Received by: (Event Manager)

\_\_\_\_\_  
Name Signature Date

### Approved by: (Executive Committee)

\_\_\_\_\_  
Name Signature Date



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### CEDARS CANCER FOUNDATION

1310, avenue Greene, Suite 520, Westmount, Québec H3Z 2B2

T: 514-656-6662 | F: 514-303-1288 | CEDARS.CA

Numéro d'enregistrement | Charity Registration Number: 105202501-RR0001