



Partner Event Authorization Form

Please complete this form and return it to
CEDARS CANCER FOUNDATION
 1310 Greene Avenue Suite # 520, Westmount, Quebec H3Z 2B2
 or email to: natalia.kalbarczyk@cedarscancer.ca

| ORGANIZER(S) INFORMATION | | |
|---|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> 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: | | |
| Type of event <input type="checkbox"/> Dinner or Lunch <input type="checkbox"/> Concert <input type="checkbox"/> Sporting event <input type="checkbox"/> Golf <input type="checkbox"/> Fashion show <input type="checkbox"/> Other: _____ | | |
| Brief Description: | | |
| Raising Money for: | | |

