THIRD-PARTY FUNDRAISER PROPOSAL FORM



Contact Name	
Organization	
Address	
(City) (State) Telephone	(Zip code) (Cell)
Faxemail	
 Name of the event Please describe the event detail: 	
 3. Date of Event: Time 4. Location/ Address: 	
 5. Does the event require a license: yes no Please note that certain gaming events such as opportunity raffles require reg Your organization is responsible to obtain all permits and follow all regulati 6. How will funds be raised (e.g. ticket sales, space/table sales, auction, ra 	ons.

7. Please list all parties involved with the event (individuals, organizations, media, etc.)

- 8. What is the total amount of revenue you estimate will be generated from the event? Please attach your budget.
 - Total revenue anticipated ______
 - Total expenses anticipated ______
 - Total net anticipated ______
 - Estimated amount that will be donated to New Horizons ______
 - Other _____

Are there other beneficiaries of the event? _____ yes _____ no _____

If yes, please print the name of the organization _____

Contact name and title _____

Phone number and email ______

9. Please outline how you will promote the event and submit copies of the materials to be used.

- Media
 - -- Print
 - -- TV
 - -- Radio
- Public Relations (agency or in-house)
- Paid Advertising
- Brochures/flyers
- Signs or Banners
- Direct Mail
- Social Media
- Other

10. Would you like materials on our programs and services for display at your event? YES NO

11. What are the proposed responsibilities for New Horizons?

12. Are you requesting staff/volunteer support for your event? Please be specific.

13. Please include any other pertinent information.

14. Why did you choose the New Horizons?



Third-Party Acceptance of Guidelines

I/we have read the third party fundraising guidelines for New Horizons and consent to follow the terms agreed to and any other terms in connection with this event for its benefit. As an event organizer, I am aware that New Horizons has no fiduciary responsibilities and may provide minimal staff support. I/we accept the obligation to provide the full amount of the indicated proceeds to New Horizons within 5 days of the event.

I/we understand and agree to comply with the rules and regulations for conducting a third-party fundraiser.

Submitted by:

(Print)	_	(Title/Group/Organization)
(Signature)		(Date)
(Phone Number)		(E-mail Address)
Accepted by (New Horizons):		
(Print)		(Title New Horizons)
(Signature)		(Date)
Please return completed form to:		
-	Developme 15725 Par	Horizons ent Department rthenia Street Ils, CA 91343
	Telephones: Fax:	(818) 221-0651 (818) 894-7801

E-mail: smokuolu@newhorizons-sfv.org