## THIRD PARTY FUNDRAISER PROPOSAL FORM



| Organization  |  |  |                            |
|---|--|--|----------------------------|
| Address   |  |  |                            |
|   | (City)   | (State)                                    | (Zip code)                 |
| Telephone   | · · · · · ·  | ,  | ,                          |
|   | (Daytime)  | (Evening)                                  | (Cell)                     |
|   | Fax  | email                                      |                            |
| 1. Name of the e  | vent   |  |                            |
|   |  |  |                            |
| 2. Please describ   | oe the event detail:   |  |                            |
|   |  |  |                            |
|   |  |  |                            |
|   |  |  |                            |
| 3. Date of Event  | c:′  | Time                                       |                            |
|   |  |  |                            |
|   |  |  |                            |
| 4. Location/ Add  | ress:  |  |                            |
| 4. Location/ Add  | ress:  |  |                            |
|   |  |  |                            |
| 5. Does the event<br>Please note that co                  | require a license:y  | ves no<br>h as opportunity raffles require |                            |
| 5. Does the event<br>Please note that co                  | require a license:y  | vesno                                      |                            |
| 5. Does the event Please note that co organization is res | require a license:y<br>ertain gaming events such<br>ponsible to obtain all permi | ves no<br>h as opportunity raffles require | registration by the State. |

| 8. What is the estimate revenue to be generated from the event?                                 |  |  |  |  |
|---|--|--|--|--|
| 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   |  |  |  |  |
| • Other   |  |  |  |  |
|   |  |  |  |  |
| 10. Would you like materials on our programs and services for display at your event?            |  |  |  |  |
| 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?  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

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 understand and agree to comfundraiser. | aply with the ru | ules and regulations for conducting a third-party |
|--|------------------|---|
| 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:           |                  |   |
| -  |                  | ent Department                                    |
|  |                  | Horizons<br>rthenia Street                        |
|  |                  | lls, CA 91343                                     |
|  | Telephones:      | (818) 894-9301                                    |
|  | Fax:             | (818) 894–7801                                    |

E-mail: info@newhorizons-sfv.org