



EVENT PROPOSAL FORM

PLEASE PRINT, SIGN AND FAX to 800-315-4882 or EMAIL to kim@katieskause.org

Event Title _____

Event Description: _____

Date/Time: _____

Location: _____

Expected Gross \$ _____ Expected Expenses \$ _____ Expected Net to Katie's Kause \$ _____

How will income be generated? (tickets, auction, etc.) _____

How and when will income be collected? _____

Publicity/promotion to publicize the event, obtain participants, etc. _____

Alcohol involved: No Yes

Number of expected participants: _____

Does sponsoring organization agree to assume all costs of the event? Yes

Sponsoring Organization: _____

Contact Name: _____

Address: _____

Email: _____ Phone: _____

ON BEHALF OF THE SPONSORING ORGANIZATION, I AGREE TO UPHOLD TO THE STANDARDS ESTABLISHED BY Katie's Kause; AND OBTAIN APPROVAL FROM Katie's Kause OF ANY AND ALL PROMOTIONAL MATERIAL FOR THIS EVENT INCLUDING LOGOS, PHOTOGRAPHS AND PRESS RELEASE INFORMATION.

SPONSORING ORGANIZATION FURTHER AGREES THAT Katie's Kause WILL RECEIVE ALL NET FUNDS FROM EVENT WITHIN 30 DAYS OF EVENT DATE.

Signature _____ Date _____

Questions? Contact Kim Osmus, kim@katieskause.org or 503-425-9752
Katie's Kause for Cystic Fibrosis ~ 1118 Lancaster DR NE #393, Salem, OR 97301