



## Third Party Special Event Proposal Form

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Individual/Organization Planning the Event:

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Contact Person:

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Phone Number:

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Full Address:

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### PROPOSED EVENT INFORMATION

Event Name and Type:

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Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Event Time: \_\_\_\_\_

Event Location and Full Address:

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Please provide a brief description of the event:

Please describe how revenue will be generated (i.e. admission fees, tickets, raffle, proceeds):



## Third Party Special Event Proposal Form

**Do you require any of the following (please check):**

**Tax Receipts:**             Yes                                     No

\*If you checked YES then you will need to speak with a representative in the Development Department at Covenant House Michigan to ensure that your event is eligible to issue tax receipts.

**Liquor License:**             Yes                                     No

**Gaming License:**             Yes                                     No

**Covenant House Michigan Staff Assistance:**  
                                           Yes                                     No

**Please note:** For some events and activities it is necessary to take out a liquor or gaming license. However, Covenant House Michigan will **NOT** take out a liquor or gaming license on behalf of a third-party event.

### BUDGET

EVENT BUDGET	PROJECTED AMOUNT	ACTUAL AMOUNT
Total Revenue	\$	\$
Total Cost (fill out below)		
Venue	\$	\$
Printing	\$	\$
Prizes	\$	\$
Food/Beverage	\$	\$
Advertising	\$	\$
Other (specify)	\$	\$
<b>Total Revenue-Total Cost=</b>		

I, \_\_\_\_\_ understand Covenant House Michigan reserves the right to approve or deny this proposal to host a third-party event on behalf of Covenant House Michigan. Pending approval, I agree the Covenant House Michigan name and logo are registered trademarks and I will follow the guidelines set for their usage prior to publicizing or holding this event. I agree that a representative of Covenant House Michigan must approve this proposal and the use of the event's name prior to the event. By publicly naming Covenant House Michigan as the beneficiary of my event, I agree to donate the full amount of the proceeds raised within 60 days of the event date.

X \_\_\_\_\_  
                                          **Signature of Applicant**

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

For Covenant House Michigan Use ONLY  
 Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_                                    Approved by: \_\_\_\_\_