



Third Party Event Application Form

Charitable Registration No.: 719679920 RR0001

THANK YOU for your interest in organizing an event to support the Cancer Foundation of Saskatchewan. We raise funds to support the Saskatchewan Cancer Agency for patient care and treatment. Every dollar raised – 100% - stays in Saskatchewan.

Before organizing your event, please complete this application form and email to candace.williamson@cancerfoundationsask.ca

If you have any questions or require further information, please contact **Candace Williamson, Manager of Events & Digital Media** at (639) 625-2009 or by email candace.williamson@cancerfoundationsask.ca

CONTACT INFORMATION:

Contact Name: _____ Contact Email: _____

Contact Address: _____ Contact Phone: _____

City/Province: _____ Postal Code: _____

EVENT INFORMATION:

Event Name/Address: _____

Date of Event: _____ Start Time: _____ # of Attendees Expected _____

Event Description:

Would you like to use the Foundation's Proud Supporter logo on promotional material/website? Yes No

If yes, please provide communications contact: _____

Please Note: The Foundation reserves the right to approve any final print/design.

Specific area/campaign to direct the event donations? (i.e. Allan Blair Cancer Centre, Saskatoon Cancer Centre)?

Greatest Patient Needs Specific Area: _____

Would you like a Foundation representative to attend/speak at the event? Yes No

Is this an annual event? Yes No Has this event taken place before? Yes No

ACKNOWLEDGEMENTS:

I acknowledge that the Foundation reserves the right to withdraw its name from the event at any time. I acknowledge that I have read and understand the information contained in this Application.

Applicant Name

Applicant Signature

Date