

2016 - EVENT PROPOSAL FORM

PLEASE PRINT, SIGN AND FAX to 503-892-1922 or EMAIL to events@JoyRx.org

Event Title _____

Event Description: _____

Date/Time: _____

Location: _____

Expected Gross \$ _____ Expected Expenses \$ _____ Expected Net to CCA \$ _____

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

How and when will income be collected? _____

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

Volunteers Needed*? _____ How many and what duties? _____

(*Not a guarantee that CCA will provide volunteers)

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 CCA; AND OBTAIN APPROVAL FROM CCA OF ANY AND ALL PROMOTIONAL MATERIAL FOR THIS EVENT INCLUDING LOGOS, PHOTOGRAPHS AND PRESS RELEASE INFORMATION.

SPONSORING ORGANIZATION FURTHER AGREES THAT CCA WILL RECEIVE ALL NET FUNDS FROM EVENT WITHIN 30 DAYS OF EVENT DATE.

Signature _____ Date _____

For Office Use Authorization Director of Development