### CONTACT INFORMATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Group Name: |  | Address: |  |
|  |  |  |  |
| Contact Name: |  | City: |  |
|  |  |  |  |
| Email Address: |  | Province: |  |
|  |  |  |  |
| Phone Number: |  | Postal Code: |  |
|  |  |  |  |
| Website: |  |  |  |

### Select the category that best describes you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Corporation |  | School |  | Service Club |
|  | Employee/Office Group |  | Community Group |  | Individual |

### EVENT DETAILS:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Event Name: |  | Event Date: |  | |  |  |  |  | | Event Location: |  | Event Time: |  |   **Please provide a brief description of your event:** |
|  |
| **What is the expected number of event participants? Who are the event participants and how will you be marketing/selling your event to these participants?** |
|  |
| **What is your fundraising goal? How will these funds be raised?** |
|  |
| **What inspired you to hold this event for the Canadian Women’s Foundation?** |
|  |
| **What support do you require from the Canadian Women’s Foundation?** |
|  |

### AGREEMENT

Please sign and return completed form to Gurpreet Chahal, Manager of Events at [events@canadianwomen.org](mailto:events@canadianwomen.org). By signing this form, you confirm that you have read and understand the Community Events Guidelines outlined in our Community Events Toolkit. Please note, this form must be submitted to and approved by the Canadian Women’s Foundation prior to publishing and publicizing your event.

|  |  |
| --- | --- |
|  |  |
| Event Contact Signature | Date |
|  |  |
| Canadian Women’s Foundation Representative Signature | Date |