



## COMMUNITY EVENT APPLICATION

Thank you for your interest in hosting an event to benefit Haven. Because of the potential liability with outside events, we ask that each organization complete the following application. Once the application is completed and approved, we will follow up with you and provide educational and marketing materials as appropriate.

PLEASE COMPLETE THE APPLICATION BELOW AND RETURN IT TO:

Haven Hospice  
Attention: Development Department  
4200 NW 90<sup>th</sup> Boulevard, Gainesville, FL 32606

Phone: 877.379.6270 Fax: 352.379.6290

[devmail@BeYourHaven.org](mailto:devmail@BeYourHaven.org)

***Again, thank you for your interest in supporting Haven and the patients and families we serve.***

Date \_\_\_\_\_ Name of person responsible for event \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of organization/company \_\_\_\_\_

Main point of contact \_\_\_\_\_

Organization/company address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Other phone (if applicable): \_\_\_\_\_ E-mail \_\_\_\_\_

Do you have a logo that can be included on our website? Yes  No

Will you include Haven logo on your website? Yes  No

Can you provide photographs that can be used for publicity? Yes  No

Do you need a Haven banner? Yes  No

If so, please list available space \_\_\_\_\_

When is the banner needed? \_\_\_\_\_

Do you plan to provide fliers/collateral for this event? Yes  No

Do you plan to issue press releases? Yes  No

Can Haven provide press releases Yes  No

Have you hosted this event for Haven before? Yes  No

Describe the proposed event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and time of proposed event: \_\_\_\_\_

Any permits or permissions required for event? Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What, if any support will be required from Haven? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like a Haven representative at the event? \_\_\_\_\_

Estimated income from event: \$ \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_

Estimated expenses: \$ \_\_\_\_\_

Estimated net donation to Haven \$ \_\_\_\_\_

What are the expenses (please list) \_\_\_\_\_

\_\_\_\_\_

Who will pay the expenses? \_\_\_\_\_

What is the attendance price of this event if any? \_\_\_\_\_

Is this event being held in memory of someone? Yes  No

If so, who? \_\_\_\_\_

The Development Department of Haven solicits a number of businesses in the community for donations for our annual events. It has become extremely difficult to monitor volunteers asking for donations outside of our approved annual events and we can no longer allow your proposed event/fundraiser to solicit any organization on behalf of Haven without permission from Haven. This includes retail stores, businesses, companies and restaurants. Thank you for your understanding.

Do you have plans to thank donors? \_\_\_\_\_

Will you provide Haven with a list of participants so that we can send a thank you letter? \_\_\_\_\_

Will you provide Haven with a list of participants so that we can send a thank you letter? \_\_\_\_\_

I agree to abide by all requirements made by Haven:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name

Please wait and do not proceed with your event until this form has been signed by a Haven representative.

Thank you!

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For Haven Internal Office Use, not to be completed by applicant.

Event Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Primary staff person assigned to event: