

Application Submission Date: _____

CONTACT INFORMATION

Name of Organization Planning the Event: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Email: _____

EVENT INFORMATION

Type of Event: One-Time Annual Ongoing

Name of Event: _____

Event Date: _____ Event Time: _____ Number of Participants: _____

Location and Address of Event: _____

Brief Description of Event & Plan to Raise Funds:

PROPOSED BUDGET

All costs to come out of the proceeds or to be paid directly by the event organizer.

Total Expected Income (donations, pledges, auction, ticket sales, etc.): A. \$ _____

Expenses (include costs such as advertising, rentals, food, etc.): B. \$ _____

Anticipated Net Proceeds (A minus B equals C): C. \$ _____

Dollar Amount or Percentage of Net Proceeds to be Donated to ARBI: D. _____

SUPPORT PROVIDED BY ARBI

Please select which items you require:

Donation Box

Brochures: How Many? _____

Volunteers: How Many? _____

PSA & Press Release Info

Raffle License

ARBI Representative to Attend/Speak at Event

Banner Stand (Available only if ARBI representative is attending event)

Guidelines For: Silent Auction Tax Receipts Golf Tournament

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Please email completed form to: Communications@arbi.ca