THIRD PARTY SPECIAL EVENT GUIDELINES

A Third Party Special Event constitutes any event produced to benefit the Pediatric Cancer Research Foundation (PCRF) and any or all of its corporate entities in which an individual or organization is coordinating and/or managing the event. Events benefiting PCRF must be for the benefit of the foundation, not a named patient or family.

The following guidelines pertain to any and all Third Party Special Events benefiting PCRF.

1. Events to benefit PCRF must be approved by the Pediatric Cancer Research Foundation office. Completion of the Pediatric Cancer Research Foundation Special Event Form is required for all new events not previously approved by the Foundation.

2. If use of the Pediatric Cancer Research Foundation logo is requested, all materials containing the foundation name and/or logo must be approved by the Pediatric Cancer Research Foundation before being released. Promotional materials must use approved verbiage such as “for the benefit of” versus inclusion of Pediatric Cancer Research Foundation’s name in event title.

3. Events requesting foundation staff are required to guarantee a minimum donation of $2,500 to the Pediatric Cancer Research Foundation.

4. PCRF respects the confidential nature of our donor lists and therefore is not at liberty to provide donor names and/or contact information for solicitation.

5. PCRF is unable to sell tickets on behalf of individuals or organizations for Third Party Special Events.

6. All contracts and permits, including liquor licenses, required by City Ordinance or otherwise are the responsibility of the third party special event coordinator.

7. As noted on the Pediatric Cancer Research Foundation Special Event Form, funds raised from an event must be turned into the Pediatric Cancer Research Foundation within 60 calendar days of event date.
SPECIAL EVENT FORM

The following form is an application only. Upon submission you will receive notification of event approval or denial.

Name of Group/Organization: ________________________________

Address: _______________________________________________________________________________________

City, State, Zip: __________________________________________________________________________________

Contact Person: ____________________________________________________________________________________

Phone Number: __________________ Fax Number: _________________________________

Email: ____________________________________________________________________________________________

Event/Promotion Name: ____________________________________________________________________________

Date(s) of Event/Promotion: _________________________________________________________________________

Time(s): _________________________________________________________________________________________

Name and Address of Facility where promotion is being held:
______________________________________________________________________________________________

______________________________________________________________________________________________

How will the dollars be raised: _____________________________________________________________________

______________________________________________________________________________________________

How will the funds be collected: ____________________________________________________________________

______________________________________________________________________________________________

What percentage of raised funds goes to PCRF: ________________________________________________________________________________

What other organizations receive funding if PCRF receives less than 100% of funds:
______________________________________________________________________________________________

Does the applicant have a Certificate of Insurance to cover the Event/Promotion: Yes or No

Carrier: ___________________________ Policy Number: ______________________________
Type of assistance requested from PCRF: ________________________________

______________________________________________________________

Are you requesting use of the PCRF Foundation’s logo: Yes or No
If Yes, please explain your use of the logo: ________________________________

______________________________________________________________

Would you like your Event/Promotion listed on the events portion
of the PCRF Foundation website? Yes or No
If Yes, please list contact name and number and/or email/website: ________

______________________________________________________________

***Attach draft of all collateral materials containing PCRF logo ***

In the event that the Pediatric Cancer Research Foundation’s name is used in any
print or electronic media promotion, we ask that you provide us with a copy of
any press releases and resulting articles. We also ask to be notified of any media
events or appearances and radio and television spots.

Who is providing food/drink: ________________________________

______________________________________________________________

Is alcohol being sold or given away: Yes or No

______________________________________________________________

Do you have a liquor license: Yes or No

______________________________________________________________

Who is responsible for providing security: ________________________________

Name of Security Company: ________________________________

______________________________________________________________

Is the security company licensed: Yes or No Insured: Yes or No

______________________________________________________________

Is the Event/Promotion a Trade Show or Health Fair: Yes or No

______________________________________________________________

If Yes, how many trade/vendor booths: ________________________________

______________________________________________________________

Are there other goods sold or displayed: Yes or No
If Yes, describe goods: ____________________________________________________________

Pediatric Cancer Research Foundation is the owner of all right, title and interest in Pediatric Cancer Research Foundation and design marks. Pediatric Cancer Research Foundation grants Licensee a non-exclusive right to use these marks in promotions for only the event listed above through and including the date of the event. Licensee shall only promote the event listed above in a manner authorized by Pediatric Cancer Research Foundation. Licensee shall not modify, alter or amend the marks. Licensee shall acquire no right, title or interest in these marks by virtue of the license permitting the Licensee to use the marks in promotions only for the event listed above. All uses of the marks by Licensee shall inure to the benefit of the Pediatric Cancer Research Foundation. Licensee agrees not to challenge or otherwise interfere with the validity of the marks of the Pediatric Cancer Research Foundation’s ownership of the marks.

Please note that funds raised on the behalf of the Pediatric Cancer Research Foundation should be sent to the Foundation within 60 calendar days of the event date.

Please indicate date 60 calendar days from event date: __________________________

Signature: __________________________  Date: __________________________

Print Name: __________________________

Please return signed form to:
Jeri Wilson, Executive Director
Pediatric Cancer Research Foundation
17932 Sky Park Circle, Suite E
Irvine, CA 92614

Phone Number: (949) 859-6312
Fax Number: (949) 859-6323
Website: http://www.pcrf-kids.org