



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>

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