



North York
Women's Shelter

Third Party Event Form

North York Women's Shelter must approve this proposal form prior to holding or publicizing an event.

Contact Information

Contact Person: _____

Street: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Event Details

Event Name: _____

Event Date: _____ Time: _____ to _____

Venue: _____

Street Address: _____

City, Province: _____ Postal Code: _____

Please provide a description of the event. Include an outline of the activities and how the event will raise funds or awareness in support of the North York Women's Shelter. If you require more space please attach another sheet.



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Financial Information

Please attach a document that breaks down the projected total revenue, total expenses, and total given to North York Women's Shelter.

Do you require tax receipts? Yes No

Please discuss all receipting issues with North York Women's Shelter prior to the event. Tax receipts will be given in accordance with the regulations of the Canada Revenue Agency and North York Women's Shelter's policies and procedures.

North York Women's Shelter's Role

Please indicate what is required of NYWS and, where applicable, amounts requested (check applicable):

NYWS LOGO: Yes No

NYWS brochures: Yes No How Many? _____

Newsletters: Yes No How Many? _____

Do you want your event listed on the NYWS website? Yes No

Other (please explain): _____

Do you require a NYWS repres to or speak at the event? Yes No

If you answered yes to the above question, please explain the role of the Shelter's representatives at the event: _____

Please note that NYWS may not be able to accommodate all requests for materials, representatives, and speakers.



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Third Party Event Agreement

I agree North York Women's Shelter's name and logo are important symbols which should not be misrepresented.

I agree that prior to publicizing or holding the event, North York Women's Shelter must approve this proposal and the use of North York Women's Shelter's name and logo.

I agree that by publicly naming North York Women's Shelter as the beneficiary of my event, I agree to donate _____% of the net proceeds raised within 30 days of the event.

I agree that North York Women's Shelter reserves the right to cancel this agreement if the event undermines North York Women's Shelter's mandate, threaten its work or reputation in the community.

Signature of applicant: _____

Date Signed: _____

Please complete this form and return with necessary attachments (budget, additional information informa) by mail, e-mail or fax to:

North York Women's Shelter
Development Department
PO Box 77570
Toronto, ON M3H 6A7

** Please allow at least 5-7 business days for final approval of your proposal**

For internal North York Women's Shelter's use only

Date reviewed: _____ Reviewed by: _____

Approved Declined: Yes No

Notes: _____
