



Thank you so much for your interest in carrying out an event/service for Safe Alliance. We ask that you please complete the form below and return it at least three (3) weeks prior to your intended event/service.
 Please contact Carol Shinn at Carol.Shinn@safealliance.org or 704-367-2702 if you have any questions.

Safe Alliance Third Party Event Proposal Form

Event Sponsor Information

Organization				
Type of Group (choose one)	<input type="checkbox"/> Business		<input type="checkbox"/> Faith Based	
	<input type="checkbox"/> Educational Institution		<input type="checkbox"/> Civic	
	<input type="checkbox"/> Other (please specify)			
Mailing Address	Street		City	State
				Zip Code

Primary Contact Information

Name				
Phone Number				
E-mail Address				

Proposed Event/Activity Information (fill out all that is relevant)

Type of Event (choose one)	<input type="checkbox"/> Third Party Event/ Fundraiser		<input type="checkbox"/> Health Fair/Tabling Event	
	<input type="checkbox"/> Speaker for event			
	<input type="checkbox"/> Other (Please Specify)			
Title				
Date				
Location				
Description				
Does Event Require Permits or Licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Website				
How will you promote and market this event?	Please attach samples of all printed materials for this event. If Safe Alliance's name is incl'd, prior approval must be secured before distribution and brand guidelines must be followed.			
% of Proceeds to be donated to Safe Alliance		# of People participating		
Safe Alliance involvement expected? (Flyer, staff, etc)				
Other Benefiting Organizations				
Charitable organizations benefiting from past events				
How did you learn about Safe Alliance?				
Please add me to the Safe Alliance monthly newsletter <input type="checkbox"/> Yes <input type="checkbox"/> No				

I agree that all information provided is accurate and that I will adhere to the terms stated within this document in regards to proceeds and event promotion.

Signature	Date	
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