

Thank you for your interest in supporting Hackensack University Medical Center Foundation.
Before you publicize or hold your event, you must submit this application to the
Hackensack University Medical Center Foundation for approval.
Please email the completed application to KHesler@HackensackUMC.org or fax to (551) 996-3468.

Please allow 5-10 business days for response.

MAIN CONTACT INFORMATION

Name of Organization/Group Planning the Event: _____

Main Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Preferred Method of Contact: Phone Email

PROPOSED EVENT INFORMATION

Affiliation to HackensackUMC: _____

Name of HackensackUMC Contact: _____

Name of Proposed Event: _____

Event Location: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Event Date: _____ Start: _____ End: _____

Event Type: Public Invitation Only

Cost to Attend/Participate: \$ _____

(if more than one ticket price, attach the price schedule or provide details in the event description section on page 2)

EVENT DESCRIPTION AND ADDITIONAL INFORMATION

1. Describe the event in detail:

2. Describe how funds will be raised (sponsorships, tickets, auction, raffle, etc.):

3. List the HackensackUMC program(s) that will receive the event proceeds:

4. List all sponsorship opportunities – Names of individuals, organizations and businesses that you plan to solicit for cash or products and services:

EVENT BUDGET

REVENUE

Participation Fee: \$ _____

Ticket/Table Sales: \$ _____

Sponsorships: \$ _____

Donations: \$ _____

Auction: \$ _____

Raffle: \$ _____

Other: \$ _____

Total Est. Revenue \$: _____

EXPENSES

Location/Venue Cost: \$ _____

Food/Beverage: \$ _____

Printing/Advertising: \$ _____

Prizes: \$ _____

Give-A-Ways: \$ _____

Licenses/Permits: \$ _____

Other: \$ _____

Total Est. Expenses: \$ _____

Projected Net Proceeds: \$ _____

PLEASE SEE PAGE 3 FOR DISCLAIMER AND ACKNOWLEDGEMENT OF POLICY

DISCLAIMER

The organization/group sponsoring the event assumes all risks and liabilities associated with the event and hereby releases and holds harmless Hackensack University Medical Center and Hackensack University Medical Center Foundation and its directors, officers, employees, agents, and successors, and assignees from and against any and all claims, damages, liabilities, costs and expenses, including reasonable attorney's fees arising out of or including, without limitation, any personal injuries or damage to property which may occur in conjunction with the event. Participation of Hackensack University Medical Center Foundation as a beneficiary in no way implies a business agreement with any sponsors or committee members.

ACKNOWLEDGEMENT OF HACKENSACKUMC FOUNDATION POLICY

On behalf of the organization/group that I represent, I agree that Hackensack University Medical Center Foundation will receive all proceeds from the event within 30 days of the event or within alternative terms mutually agreed upon. I agree that all printed materials and publicity for the event must be approved by Hackensack University Medical Center Foundation prior to being released, printed, etc. and that I will abide by the Community Events Policies and Guidelines as listed on the Hackensack University Medical Center website or as amended in a printed copy provided to my organization/group by a representative of the Foundation.

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| Signature | Printed Name | Date |
|-----------|--------------|------|