

## Special Event Proposal & Agreement

Name/Title of Event:

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Name:

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Organization Name (if applicable):

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Address:

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Phone:

Fax:

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Email:

Website:

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Event Information:

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Event Name:

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Date & Time:

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Location (City & Venue):

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Briefly Describe Event:

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How will revenue be generated:

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Is RMHC New England the sole beneficiary of your event? If not, please list others who will benefit:

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What participation or resources, if any, do you request from RMHC New England (please note, we do not share donor information):

### Publicity

Do you plan to publicize the event?

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If so, how:

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Keeping families close®

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Budget Information:

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Anticipated total revenues:

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Anticipated total expenses:

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Anticipated total donation to RMHC New England:

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### Terms & Conditions

The sponsoring Individual or Organization agrees to provide RMHC New England with all net proceeds from the event along with a written accounting of event revenues and expenses with thirty (30) days after the event.

In accordance with standards adopted by the Council of Better Business Bureaus, all collateral material relating to the event must specify at the point of solicitation: (a) that RMHC New England is the benefiting organization; (b) that written information is available by calling 401-274-4447; and (c) the actual or anticipated proceeds that will benefit RMHC New England.

In order to avoid inadvertently jeopardizing existing relationships between RMHC New England and its donors, Sponsoring Individual or Organization agrees to receive approval from RMHC New England before soliciting corporations, businesses, celebrities, sports teams, or individuals for cash or in-kind donations relating to the event.

Sponsoring Organization represents to RMHC New England that: (a) it will comply with all applicable laws during the planning, promotion, and conduct of the event; (b) all necessary insurance, licenses, and permits will be obtained and will be in force through the conclusion of the event; (c) and it will indemnify and hold RMHC New England harmless from any and all claims of any kind or nature whatsoever arising out of, or in any way related to, the event.

Thank you for your desire to support the Ronald McDonald House Charities New England.

Proposed by:

Approved by:

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Name:

Chief Advancement Officer

Title:

Ronald McDonald House Charities New England

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Date:

Date: