



For ACP use only
Date received: _____
Approved by: _____
Approval date: _____

Third Party Event Proposal Form

Primary Contact _____ Today's Date _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Daytime Phone _____

Event/Activity Title _____ Date of Event _____

Description of Event/Activity _____

Does Event Require Permit or License? Yes No

How will you promote/market this event? (Please attach samples of all printed materials to be distributed for this event. If A Child's Place's name and/or logo is included on material, prior approval must be secured before distribution occurs.) _____

% of Proceeds to be Donated to ACP _____ # of People Participating? _____

Other Benefiting Organizations

1. _____

2. _____

Other Information You Want Us to Know _____

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

Signature _____

Fax completed form to the attention of Joy Hardy at 704/343-3791.