



THIRD-PARTY EVENT REGISTRATION

1. Name of organization, business or individual:

2. Contact person:

Name: _____

Address: _____

City: _____

Postal code: _____

Daytime phone: _____

Email: _____

3. Event information

Date: _____

Time: _____

Location: _____

Description: _____

Fundraising goal: _____

Who is your intended audience/attendees?

Anticipated attendance? _____

How are you raising money? (ticket sales, donations, pledges, selling merchandise, auctions).

What support/involvement do you wish to have from The Stop Community Food Centre?

If you are not donating all the proceeds from your event to The Stop Community Food Centre, please specify (or guesstimate) what percentage or dollar value you will be giving:

% of proceeds: _____ \$ value of proceeds: \$ _____

Will you require tax receipts? Yes No

(Please note that all tax receipts issued must follow and adhere to the guidelines and requirements asset out by the Canadian Revenue Agency. Upon approval of your event, The Stop will determine if your event qualifies for tax receipting.)

Additional comments/questions:

I hereby pledge that monies collected through this event will be given to The Stop Community Food Centre within 30 days on the event.

Signature: _____ Date: _____