



**Third Party Event Guidelines and Application**

We want your fundraising activity to be successful and will do what we can to help you, including:

- Offer advice on event planning;
- Provide a letter of support to validate the authenticity of the event and its organizers, listing the CCFF Charitable Registration Number;
- Provide tax receipts for eligible donations.

***Guidelines***

- This application must be completed and submitted to the Canadian Cystic Fibrosis Foundation (CCFF) – Toronto & District Chapter prior to the proposed fundraising activity. Approval will be granted on a per event basis.
- We reserve the right to deny any application for fundraising events that do not complement the mission of, or project a positive image of the CCFF.
- Permission must be given by the CCFF – Toronto & District Chapter for use of our name/logo in conjunction with your event. We can provide a copy of our logo via email.
- Publicity may not imply that the event is sponsored or co-sponsored by the CCFF, or that we are involved as anything but as the beneficiary. List the event name followed by “In support of”, or “Proceeds to” followed by the CCFF logo.
- The public should be informed how the CCFF will benefit from your event. If our Foundation will not receive all of the proceeds, then the exact percentage that benefits the CCFF must be clearly communicated on all related publicity.
- The Canadian Cystic Fibrosis Foundation – Toronto & District Chapter and all related entities are not liable for any injuries sustained by event volunteers or participants related to an event benefitting the CCFF, and cannot assume any type of liability for your event.

***Application***

**Part 1: Contact Information and Assurance**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

I have read, understand, and agree to abide by the preceding guidelines for special events to benefit the Canadian Cystic Fibrosis Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Part 2: Event Information**

Name of Proposed Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time(s): \_\_\_\_\_

Location of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Projected Attendance: \_\_\_\_\_

Briefly explain the event and how funds will be raised (*ticket sales, sponsorship, auction, etc.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will alcohol be served at the event?  Yes  No

Does the venue where the event is taking place have a valid liquor license?  Yes  No

Is a Special Occasions Permit required?  Yes  No  Not Sure

***Please note:*** If alcohol is being served at your event, the CCFF-Toronto & District Chapter requires evidence of a Liquor License/Special Occasions Permit and a Proof of Insurance Certificate indicating that liquor liability coverage exists.

**Would you like us to advertise for volunteers to assist at your event?**  Yes  No

If yes, please list the specific details (*timing, number of volunteers, etc.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Volunteers are not guaranteed to be available for your event, but we will advertise for them on your behalf.*

**Part 3: Promotion**

Would you like your event listed on our website?  Yes  No



**Canadian Cystic  
Fibrosis Foundation**  
Toronto & District Chapter

2 Carlton Street, Suite 817  
Toronto, ON M5B 1J3  
Phone: 416-932-3900 Fax: 416-932-3010  
Web: [www.ccfftoronto.ca](http://www.ccfftoronto.ca)

Would you like your event included in our monthly Chapter Eblast Communication?  Yes  No

Would you like your event published in our quarterly Chapter Focus Newsletter?  Yes  No

**Please note the following Newsletter Distribution Dates and deadlines for content submission:**

- Newsletter #1 – February 20<sup>th</sup>, 2009 (must submit by January 20<sup>th</sup>, 2009)
- Newsletter #2 – April 17<sup>th</sup>, 2009 (must submit by March 9<sup>th</sup>, 2009)
- Newsletter #3 – September 11<sup>th</sup>, 2009 (must submit by August 11<sup>th</sup>, 2009)
- Newsletter #4 – December 15<sup>th</sup>, 2009 (must submit by November 9<sup>th</sup>, 2009)

*If YES for any of the above, please create your event listing as you would like it to appear:*

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If you require promotional materials, please indicate the **approximate number** in the fields below:

<b>Item Required:</b>	<b>Number Requested:</b>
Cystic Fibrosis Balloons:	
Cystic Fibrosis Brochures:	
Cystic Fibrosis Flyers:	
Cystic Fibrosis Stickers:	
Cystic Fibrosis Posters:	
Cystic Fibrosis Collection Boxes:	

Would you like to borrow the CF banner for your event?  Yes  No

*Please specify a tentative date(s) that you would be available to meet and pick-up your supplies:*

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Will the CCFF name and logo be used in event materials?  Yes  No

If yes, please describe where and how the CCFF's name & registered logo will be used.  
*(The CCFF owns its logo and designs, and the Foundation's approval of their use is required)*

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**Part 4: Financial Information**

**Please note** that we realize these figures are **estimates**. Please use your best guess; we will not hold you to these numbers. All expenses must be paid from the revenue generated from your event.

<b>Total Proposed Income (A)</b>	\$
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<b>Expenses:</b>	
Venue Rental	\$
Food & Beverage	\$
Printing ( <i>tickets, posters, etc.</i> )	\$
Advertising	\$
Prizes	\$
Other ( <i>please specify</i> ):	\$
<b>Total Estimated Expenses (B)</b>	\$

<b>Total Estimated Net Revenue (A – B)</b>	\$
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**Budget Comments:**

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**Will Tax Receipts be Required?**      Yes No

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

**Will other Charitable Organizations benefit from this event?**      Yes No

**If yes, please list:** \_\_\_\_\_

**Note:** Once your event is approved, the CCFF then relies on your donation. It is very important that your donation be submitted to the Foundation office within 30 days of your event. We appreciate your support and effort in making a difference, and look forward to working with you!

**Please return completed application to:**      CCFF – Toronto & District Chapter  
2 Carlton Street, Suite 817  
Toronto, ON M5B 1J3  
Email: [dcaputi@cfftoronto.ca](mailto:dcaputi@cfftoronto.ca) Fax: 416-932-3010