Event Application Form



Instructions:

Thank you for your interest in hosting an event to support Hope for Paws Foundation, Inc. To ensure proper coordination and compliance with our mission and 501(c)(3) status, we ask that you complete this application at least 90 days prior to your desired event date. Submission of this application does not guarantee approval. A representative from Hope for Paws Foundation, Inc. will review the application and respond accordingly.

Applicant Information			
Full Name:			
Organization Name (if applicable):			
Address:			
Street:			
City:	State:	ZIP:	
Phone Number:			
Cell Phone Number:			
Email Address:			
Website (if applicable):			
Are you fundraising on behalf of an organization or as an individual? Individual Organization (Provide Organization Name):			
Event Details			
Event Name:			
Event Date: Month Day	Start and End Time:	Start End	
Venue/Location:			
Street:			
City:	State:	ZIP:	

Event Details - Continued		
Event Type (check one):		
Adoption Drive Comm Fundraiser Other: Awareness Campaign	nunity Outreach	
(If yes, the applicant is responsible for obtainin laws.)	Yes No g all necessary permits and complying with local	
Will there be an auction or raffle?	Yes No	
If yes, provide details below and note that permits.	t the applicant is responsible for any required	
How do you plan to promote your event?		
Flyers/posters Invitat	ions	
Press releases Third-	party fundraiser site	
Social media Other:		
legal or financial liability for third-party events 2. The applicant is responsible for all required postate, and federal laws. 3. The use of Hope for Paws Foundation, Inc.'s ray 4. Proceeds from the event must be submitted was 5. The applicant acknowledges that all promotion Hope for Paws Foundation, Inc. before public 6. The applicant acknowledges and agrees that Hope for Paws Foundation, Inc. 7. Hope for Paws Foundation, Inc. is not liable for during the event. 8. All animals involved in the event must be treat for animal welfare.	ermits, licenses, insurance, and compliance with local name and/or logo requires prior written approval. within 30 days of the event date. Onal materials must be reviewed and approved by distribution. It is they are not employed by, nor acting as an agent of, or any injuries, damages, or losses that may occur ted ethically and humanely, following best practices right to decline or withdraw support from any event	
By signing below, I acknowledge that I have read, in this application. I certify that the information p	(If the applicant is under 18, a parent or guardian	
	must also sign.)	
Applicant Signature:	Parent/Guardian Name (if applicable):	
Date: Month Day Year	Parent/Guardian Signature: Date:	
	Month Day Year	