



819 NE 26th St. • Fort Lauderdale, FL • 33305
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 Broward County Phone: 954-390-7620 • Fax: 954-537-2056
 Palm Beach County Phone: 561-272-0204 • Fax: 561-276-0105

Event Date: _____ Or Event Start Date _____ and Event End Date _____
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SPECIAL EVENT PROPOSAL FORM.

PLEASE PRINT AND COMPLETE EVERY ITEM BEFORE SIGNING.

1. NAME OF SPONSORING ORGANIZATION: _____
2. ADDRESS: _____
3. TELEPHONE #: _____ EMAIL: _____
4. PURPOSE OF SPONSORING ORGANIZATION _____
5. TYPE OF EVENT/PROMOTION PROPOSED _____
6. BRIEFLY DESCRIBE THE EVENT/PROMOTION FOR **KIDS IN DISTRESS** (KID) AND HOW IT WILL BE RUN (USE SEPARATE SHEET IF NEEDED)

7. ANTICIPATED GROSS OF EVENT \$ _____ ANTICIPATED EXPENSES OF EVENT \$ _____
8. ANTICIPATED NET TO KID \$ _____
9. CONFIRMED ANTICIPATED EXPENSES TO BE UNDEWRITTEN BY SPONSOR: \$ _____ PERCENTAGE _____%
10. LOCATION of EVENT/PROMOTION (INCLUDE CITY/STATE) _____
11. WILL LOCATION (I.E. MALL, MUNICIPALITY, SCHOOL, HOTEL, ETC.) REQUIRE SITE USE CONTRACT? ____ IF YES, ATTACH CONTRACT.
12. IS SOLICITATION PERMIT REQUIRED? _____ IF SO, WHO WILL OBTAIN PERMIT? _____
13. HAS SPONSORING ORGANIZATION SPONSORED SIMILAR EVENTS/PROMOTION? _____ WHEN? (MO/YR) _____
 FOR WHOM? (LIST NAME AND ADDRESS OF LAST BENEFICIARY AND INDIVIDUAL REPRESENTING THAT BENEFICIARY) _____

- GROSS OF MOST RECENT EVENT \$ _____ NET OF MOST RECENT EVENT \$ _____
14. SPONSORING ORGANIZATION AGREES THAT ALL PUBLICITY FOR THIS PROPOSED EVENT/PROMOTION MUST BE APPROVED IN WRITING IN ADVANCE BY KID AND THAT NO PUBLICITY MAY BE RELEASED UNTIL KID HAS RETURNED TO THE SPONSORING ORGANIZATION THE ACKNOWLEDGEMENT COPY OF THIS EVENT SPONSORSHIP FORM INDICATING OFFICE APPROVAL. SUCH APPROVAL AUTHORIZES NAMING KID AS THE BENEFICIARY OF THIS EVENT.
15. SPONSORING ORGANIZATION AGREES TO INDEMNIFY AND HOLD KID HARMLESS FROM ANY CLAIMS OF ANY NATURE WHATSOEVER ARISING OUT OF OR IN ANY WAY RELATED TO THE PROPOSED EVENT/PROMOTION.
16. NOTHING IN THIS EVENT/PROMOTION FORM SHALL BE CONSTRUED TO AUTHORIZE THE SPONSORING ORGANIZATION OR ANY EMPLOYEE OR REPRESENTATIVE OF THE SPONSORING ORGANIZATION OR VOLUNTEER FOR THIS EVENT/PROMOTION TO ACT AS AN AGENT OF OR BIND IN ANY WAY
17. REMARKS: _____

**WE SINCERELY THANK YOUR ORGANIZATION FOR PROPOSING THIS EVENT/PROMOTION TO BENEFIT KIDS IN DISTRESS.
 THANK YOU FOR WANTING TO HELP OUR CHILDREN AND THEIR FAMILIES.**

AUTHORIZED REPRESENTATIVE OF SPONSORING ORGANIZATION _____

SIGNATURE _____ TITLE _____ DATE _____

ADDRESS _____ City _____ FL Zip _____

TELEPHONE NO. (WK) _____ (HM) _____
 (FAX) _____ (EMAIL) _____

Kids In Distress Agency Signature: _____ **Date:** _____