UCONN
FOUNDATION

Community Fundraising Event Application

PROPOSED EVENT ORGANIZER(S) INFORMATION:

Name of organization or individual(s) planning the event(s):

Contact person:

Address:

City, State, Zip:

Telephone: (day)   (eve)   (fax)

Cell number: E-mail:

Is this event open to the public?   Yes   No

How many people do you expect to attend?

Is your organization a:

If Other, please describe:

PROPOSED EVENT INFORMATION:

Name of proposed event:

Date(s) and time(s) of event:

Location of event (please specify an address):

Description of event and please include how funds will be raised:

What specific area at the University of Connecticut will benefit from this event?

Have you conducted this event or other community fundraising events to benefit UConn?   Yes   No

Website (if available):

PROPOSED EVENT PROMOTIONAL INFORMATION:

How will the event be publicized? (Press Releases, Mailings/emails, Facebook, Twitter, Fliers, etc.):

Will you need the Foundation's assistance with the following?

Speakers/Representative   Yes   No

If you answered yes to logos/graphics, please check the box below to indicate that you understand the UConn Foundation must see and approve all materials (hard copy or electronic) prior to being released, printed or distributed.
        Yes, I agree.

PROPOSED EVENT BUDGET AND PROCEEDS:

Projected Attendee fee: $

Projected Sponsorships: $

Projected Other Revenue: $

Projected Total Revenue: $

Projected Expenses: $

Projected Net Proceeds: $

Please note: Net proceeds must be received within 90 days of the event. We ask that your check be made payable to the "UConn Foundation."

TERMS AND SIGNATURE:

I agree that the information provided in this document is accurate, and further agree to the terms set forth in the *Policy on Community Fundraising Events*.

Signature of Event Organizer: _____   Date: _____

Thank you for your interest in raising funds to benefit the UConn Foundation and University of Connecticut. You will be notified within ten (10) days of receipt of the application (if mailing, please allow for seven (7) working days for postal delivery) of acceptance of your application. Please be aware, further clarification may be required prior to approval.

****

(To be completed by UConn Foundation)

UConn Foundation Signature: _____

Date Received: _____   Date Approved: _____

Comments: _____

Please submit completed form to:

April Brown

Director of Board and Donor Events

UConn Foundation | 2384 Alumni Drive, Unit 3053

E-mail: abrown@foundation.uconn.edu | Phone: 860-486-7169; Fax:860-486-2849