



## Benefit Proposal Form

Individual     Business     Organization/Group (Non-profit)

*Thank you for your interest in organizing an event to benefit the Medical University of South Carolina's Children's Hospital. Please complete this application for review by MUSC Children's Hospital Fund. Please return the completed form to: MUSC Children's Hospital Fund, 59 Bee Street PO Box 250201, Charleston, SC 29425 or fax it to (843) 792-8595. If you have any questions, please call us at (843) 792-9193.*

PLEASE TYPE OR NEATLY PRINT ALL INFORMATION

### I. EVENT DESCRIPTION

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

Nature of Event (Please explain in detail): \_\_\_\_\_

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

Has this event been done before? \_\_\_\_\_ When? \_\_\_\_\_

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

Date of Event: \_\_\_\_\_ Raindate: \_\_\_\_\_

Indoor     Outdoor    Hours of Event: \_\_\_\_\_

Projected Attendance: \_\_\_\_\_

List of businesses you plan on asking to sponsor this event:

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

### II. CONTACT INFORMATION

Name of Sponsor (Individual/Business/Group/Organization): \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Fax)

For business/group: number of years in existence: \_\_\_\_\_ Number of employees/members \_\_\_\_\_

Previous relationship with MUSC Children's Hospital: \_\_\_\_\_

### III. FINANCIAL INFORMATION

Projected costs: \$ \_\_\_\_\_ Projected income: \$ \_\_\_\_\_

Estimated donation: \_\_\_\_\_

How will proceeds from the event be given to MUSC Children's Hospital:

Cash       Check       Other \_\_\_\_\_

Expected date net proceeds will be given to MUSC Children's Hospital : \_\_\_\_\_

### IV. PROPOSED SUPPORT FROM MUSC CHILDREN'S HOSPITAL FUND

Attendance by MUSC Children's Hospital Fund representative at event

Speaker (describe) \_\_\_\_\_

Operational Support (describe) \_\_\_\_\_

Other (describe) \_\_\_\_\_

### V. PUBLICITY INFORMATION

MUSC Children's Hospital Fund reserves the right to review all materials that include our logo and/or name.

Please indicate the types of promotions you plan to do for your event:

Press releases sent to: \_\_\_\_\_

Flyers sent to: \_\_\_\_\_

Public service announcements (PSAs) sent to: \_\_\_\_\_

Other: \_\_\_\_\_

I/we have read the MUSC Children's Hospital Benefit Event Guidelines in full, and I/we agree to adhere to those guidelines in planning and executing our event. I/we understand that the guidelines are not comprehensive and that all decisions for the event, including safety precautions, remain the responsibility of the event sponsor. MUSC Children's Hospital Fund does not accept or assume any liability associated with event.

\_\_\_\_\_  
Date

Approved       Not Approved

\_\_\_\_\_  
MUSC Children's Hospital      Date  
Fund Representative