



**FUNDRAISER REGISTRATION FORM**

To register your fundraising event for approval from the Foundation, please complete this form and read and agree to the Fundraising Events Guidelines. We will be in touch with you, once we receive this completed form.

**CONTACT INFORMATION**

Organization/group planning event, if applicable:

Contact Person:

Telephone:

Email:

Mailing Address:

**EVENT INFORMATION – PLEASE DESCRIBE YOUR EVENT**

<p>Name of Event:</p>	<p>Please describe the event and how funds will be raised:</p>
<p><input type="checkbox"/> One Time Event    <input type="checkbox"/> Annual    <input type="checkbox"/> Ongoing</p>	
<p>Date(s) of Event:</p>	
<p>Event Location:</p>	
<p>Time of Event:</p>	<p>Event Promotion – Please describe how you plan to promote the event/Activity:</p>
<p>Estimated Number of Attendees:</p>	
<p>Fundraising Goal: \$</p>	

**Do you plan on using Queens General Hospital Foundation’s name and logo in your print materials and publicity?**

Yes    No

*PLEASE NOTE: All materials featuring the Foundation’s name or logo must be approved by the Foundation/event liaison before publication. The Foundation will provide a high resolution version of its logo for approved events.*

**I/OUR ORGANIZATION AGREE TO ADHERE TO THE QUEENS GENERAL HOSPITAL FOUNDATION FUNDRAISING EVENTS GUIDELINES.**