



## EVENT PROPOSAL GUIDELINES

These guidelines have been prepared for individuals, organizations and other groups interested in planning an event benefiting Blair E. Batson Hospital for Children.

- **No announcement or publicity of any proposed event may be made until the Division of Public Affairs has given its approval.**
- The Division of Public Affairs has the right to approve events to ensure they represent the Hospital appropriately and uphold our mission and image.
- The completed Events Proposal Form must be submitted to the Division of Public Affairs at least 30 days in advance of the event for timely consideration.
- The use of the Blair E. Batson Hospital for Children logo and name may be used only after the Division of Public Affairs has granted approval. **All printed materials and other publicity to be published with the logo or name must be submitted for review and approval by an authorized Division of Public Affairs representative prior to printing and distribution.**
- In naming the event, Blair E. Batson Hospital for Children should be used as the beneficiary of the net proceeds. For example: (Event name) benefiting Blair E. Batson Hospital for Children. If there will be co-beneficiaries, we ask that we be notified in advance.
- If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors must be reviewed and approved by the Division of Public Affairs prior to approaching such sponsors.
- If scheduling permits, hospital representation may be available for the event; however, all requests should be made well in advance of the event. We can provide your organization with logos, patient stories, informational materials, fact sheets, and/or canisters to collect money (must be returned).
- We recommend that you obtain liability insurance for your event as the hospital's policy will not cover your event.
- We ask that all net proceeds must be submitted to Blair E. Batson Hospital for Children within 45 days. Funds should be made payable to and mailed to:

Blair E. Batson Hospital for Children  
Division of Public Affairs  
2500 North State Street  
Jackson, MS 39216



## EVENT PROPOSAL FORM

**NOTE: APPLICATION MUST BE APPROVED BY THE DIVISION OF PUBLIC AFFAIRS PRIOR TO PUBLICIZING OR HOLDING EVENT.**

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Name of group or company planning event: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe your organization: \_\_\_\_\_

\_\_\_\_\_

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Name of proposed event: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Briefly describe the event: \_\_\_\_\_

\_\_\_\_\_

Is the event:  Open to the public  By invitation only

Have you formed a committee to help organize this event?  Yes  No

If no, who will support you in your efforts? \_\_\_\_\_

\_\_\_\_\_

Are there other beneficiaries besides Blair E. Batson Hospital for Children?  Yes  No

If yes, please explain: \_\_\_\_\_

How will the funds be raised?

Ticket sales:  Yes  No Amount: \$ \_\_\_\_\_

Sponsorships:  Yes  No Amount: \$ \_\_\_\_\_

Auction:  Yes  No

Other (Please explain): \_\_\_\_\_

Who will you solicit?  Friends  Clients  Family  Other: \_\_\_\_\_

How will you promote this event? \_\_\_\_\_

Do you have a special reason for wanting to support Blair E. Batson Hospital for Children? \_\_\_\_\_

Estimated total costs of event: \_\_\_\_\_

Estimated revenue of event: \_\_\_\_\_

Estimated net income of event: \_\_\_\_\_

How will expenses be paid?  From proceeds  By event organizer

Estimated amount to be given to Blair E. Batson Hospital for Children: \_\_\_\_\_

Does your company plan to match the amount you raise?  Yes  No

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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

PLEASE RETURN FORM TO:

Blair E. Batson Hospital for Children  
Division of Public Affairs  
2500 North State Street  
Jackson, MS 39216

**Your support is greatly appreciated!**

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For Hospital use only

Date approved: \_\_\_\_\_ Approved by: \_\_\_\_\_