



**UK HealthCare**  
**Kentucky Children's Hospital**

**EVENT PROPOSAL FORM**

*Note: Application must be approved by Kentucky Children's Hospital 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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**PLANNING**

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

Has the event taken place before?  Yes  No

If so, when and who did it benefit? \_\_\_\_\_

Are there other beneficiaries besides Kentucky Children's Hospital?  Yes  No

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

Why would you like to do a special event or promotion for Kentucky Children's Hospital?  
\_\_\_\_\_

Do you need assistance with your event from Kentucky Children's Hospital and, if so, what type of assistance do you need? \_\_\_\_\_

Do you need a hospital representative at your event?  Yes  No

## FUND RAISING

How will the funds be raised?

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

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

Other (please explain): \_\_\_\_\_

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

Estimated total cost of event: \_\_\_\_\_

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

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

Is your company - or the company of a committee member or participant - able to match the amount you raise?  Yes  No

How will you cover costs?  Proceeds  Paid by event organizer

Estimated amount to be given to Kentucky Children's Hospital: \_\_\_\_\_

I agree that Kentucky Children's Hospital will receive all revenues from the event within 45 days of the event.  Yes  No

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## MARKETING AND PUBLIC RELATIONS

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

I would like to use the logo for Kentucky Children's Hospital on materials promoting this event. I agree to follow the guidelines and logo restrictions given by the UK Health Care and Kentucky Children's Hospital.  Yes  No

I agree that all publicity for the event must be approved by Kentucky Children's Hospital prior to being released, printed, etc.?  Yes  No

I understand that staff at the Kentucky Children's Hospital cannot guarantee coverage of my event by local, regional or national media.  Yes

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

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

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

PLEASE RETURN FORM TO:

Fund Development - Kentucky Children's Hospital  
Attn: Chloe Hurley  
138 Leader Ave  
Lexington, KY 40506-9983  
(phone) 859-257-1179 (fax) 859-257-3723 (email) [chloe.hurley@uky.edu](mailto:chloe.hurley@uky.edu)

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For Hospital use only

Date approved: \_\_\_\_\_

Approved by: \_\_\_\_\_



### Special Event Guidelines

These guidelines were prepared for individuals, organizations and other groups that would like to hold an event benefiting Kentucky Children's Hospital. **No announcement or publicity of any proposed event may be made until the Office of Development gives its approval.**

The Office of Development has the right to approve only those events that represent the Hospital appropriately, upholding our mission and image, offering the net proceeds or an acceptable percentage of net revenue to Kentucky Children's Hospital. The completed Events Proposal Form must be submitted to the development office at least 30 days in advance of the event.

The use of the Kentucky Children's Hospital logo and may be used only after the development office has granted approval. All printed materials and other publicity to be published with the Kentucky Children's logo or name must be seen and approved by an office of development representative prior to printing and distribution. If approved we will provide the logo, please do not copy it from other sources.

In naming the event, Kentucky Children's Hospital should not be used in the title, but as the beneficiary of the net proceeds. For example: (Event name) benefiting Kentucky Children's Hospital. Kentucky Children's reserves the right to approve any and all co-beneficiaries.

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 Office of Development prior to approaching.

Hospital representation may be available for the event, however, the request must be made well in advance of the event. Determination for representation or support will be based on availability, date of event and past event success rate.

All net proceeds must be submitted to :

Fund Development - Kentucky Children's Hospital  
Attn: Chloe Hurley  
138 Leader Ave  
Lexington, KY 40506-9983

Kentucky Children's Hospital does not release its mailing list to third party organizations.

Approval to repeat an event must be requested each year from the Office of Development..

Questions? Please contact Chloe Hurley at (phone) 859-257-1179 (fax) 859-257-3723  
(email) [chloe.hurley@uky.edu](mailto:chloe.hurley@uky.edu)