



**United Way**  
**York Region**

## ***Third Party Event Application***

### **Part 1: Contact Information and Assurance**

Name of Business/Group/Organization:		
Contact Name:		
Mailing Address:		
City:	Prov:	Postal Code:
Phone:	Cell:	
Fax:	Email:	

### **Part 2: Event Information**

Name of Proposed Event:	
Date of Event:	Time(s):
Type of Event:	
Location of Event:	
Projected Attendance:	
Briefly explain the event and how funds will be raised ( <i>ticket sales, sponsorship, auction, etc.</i> ):	

**Will alcohol be served at the event?**

Yes          No

**Does the venue where the event is taking place have a valid liquor license?**

Yes          No

**Is a Special Occasions Permit required (i.e. Gaming?)**

Yes          No          Not Sure

***Please note:*** If alcohol is being served at your event, the UNITED WAY OF YORK REGION- requires evidence of a Liquor License/Special Occasions Permit and a Proof of Insurance Certificate indicating that liquor liability coverage exists.

**Do the bartenders have “smart serve” training?**

Yes            No            Not Sure

**Would you like us to promote your needs for volunteers?**

Yes            No

**If yes, please list the specific details (*timing, number of volunteers, contact info etc.*):**

***UNITED WAY OF YORK REGION cannot guarantee that volunteers will be available for your event, but where appropriate, may advertise for them on your behalf.***

**Will you be requesting a representative or speaker from UNITED WAY OF YORK REGION to attend the event? Will you be asking them to speak/present/accept a cheque? If yes, please describe and provide a specific time, length and topic:**

UNITED WAY OF YORK REGION does not supply printed material, however promotional materials can be ordered from the United Way Canada eStore at <http://www.brymark.com/unitedway/>

**Would you like to borrow the United Way banner for your event?**

Yes            No

*Please specify a tentative date(s) that you would be available to meet and pick-up the banner:* \_\_\_\_\_

**Will the UNITED WAY OF YORK REGION name and logo be used in event materials?**

Yes            No

**If yes, please describe where and how the UNITED WAY OF YORK REGION’s name & registered logo will be used. (*UNITED WAY OF YORK REGION logo is a registered trademark and cannot be altered in any way. All logo usage must comply with our graphic guidelines and prior approval from the organization.*)**

### Part 3: Financial Information

**Please note** that we realize these figures are **estimates**. Please use your best guess; we will not hold you to these numbers. All expenses must be paid from the revenue generated from your event.

#### Total Anticipated Gross Revenue (A) \$

Expenses	Cost
Venue Rental	
Food & Beverage	
Printing ( <i>tickets, posters, etc.</i> )	
Advertising	
Prizes	
Permits	
Other ( <i>please specify</i> ): \$	
<b>Total Estimated Expenses (B)</b>	
<b>Total Estimated Net Revenue (A – B) \$</b>	

#### Budget Comments:

#### Will Tax Receipts be required?

Yes            No

*(Please note that all tax receipts issued must follow and adhere to the guidelines and requirements as set out by the Canadian Revenue Agency. Upon approval of your event, UNITED WAY OF YORK REGION will determine if any tax receipts are applicable.)*

#### Will other registered charities also benefit from this event?

Yes            No

#### If yes, please list:

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**Sponsorship/Donations**

**Will you be seeking sponsorship/donations/in-kind donations from companies?**

Yes                      No

**If yes please list the companies you will be seeking support from:**

<b>Company</b>	<b>Type of Support (ie. sponsorship, donation, in-kind)</b>

UNITED WAY OF YORK REGION **must** be informed of companies that you are seeking support from before they are contacted. We need to ensure that there is no overlap with current events or events in process that UNITED WAY OF YORK REGION is working on.

**Note:** Once your event is approved, UNITED WAY OF YORK REGION then relies on your donation. It is very important that your donation be submitted to the United Way of York Region office within 30 days of your event. We appreciate your support and effort in making a difference, and look forward to working with you!

I have read, understand, and agree to abide by the preceding guidelines for special events to benefit United Way of York Region.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**Please return completed application to:** UNITED WAY OF YORK REGION

Attention: Nicole Cleve

Email: [ncleve@uwyr.on.ca](mailto:ncleve@uwyr.on.ca) or fax to: 905-602-3651

<b>Office use only</b>	
Approved by:	
Application received:	
Invitation/Flyer/Marketing approval:	
United Way rep/Speaker requested:	Name:
United Way materials requested:	Quantity:
Volunteer(s) requested:	
Volunteer names:	
Volunteer event contact:	

**Change starts here.**