



Fundraising Event Proposal Form

PATSA welcomes fundraisers by individuals and organizations that wish to support our cause. If you are interested in partnering with us by planning an event that upholds the professionalism and positive reputation of PATSA, please complete and return the following information for approval prior to your event. (If you wish to donate the proceeds of your event without our involvement or use of our logo, you do not need to complete this form.)

Date Submitted: _____

Name of Organizer(s): _____

Phone numbers: (____) _____ - _____ (____) _____ - _____

Full Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Proposed Event Information

Event Type: _____

Event Name: _____

Event Date: _____ Event Time: _____

Event Location and Address: _____

Please provide a brief description of the event: _____

How will revenue be generated (admission fees, tickets, raffles, proceeds, other?) _____

Please note that raffles and most other small games of chance require a “Small Games of Chance License” in Pennsylvania. PATSA does not have, nor provide this license.



Return both pages of this form to: Sherrie Wivell at
 PATSA, 18 High St. #68, Hanover, PA 17331
 Or by email to sherrie@patsainc.org or FAX 1-800-990-3300

Are you requesting any of the following?

Staff member to attend the event? ___ yes ___ no

Logo usage for publicity? ___ yes ___ no

Staff member or volunteer for check presentation/picture for publicity? ___ yes ___ no

Budget Form

Please track your income and expenses using the following form:

Event Budget	Projected Amount (estimate)	Actual Amount (for follow up)
Revenue (source)		
Revenue (source)		
Total Revenue		
<u>Expenses</u>		
Venue		
Printing		
Supplies		
Food/Beverage		
Advertising		
Other (specify)		
Other (specify)		
Total Revenue — Total Cost = proceeds		

I, _____, understand that the PA Tourette Syndrome Alliance reserves the right to approve or deny this proposal to host a third-party event on behalf of the PA Tourette Syndrome Alliance. Pending approval, I agree that the PA Tourette Syndrome Alliance's name and logo are trademarks. I agree that a representative of the organization must approve this proposal and the use of its name and logo prior to publicizing or holding the event. By publicly naming the PA Tourette Syndrome Alliance as the beneficiary of my event, I agree to donate the full amount of the proceeds raised within 30 days following the event date.

Signed: _____ Date: _____

Print Name: _____ Organization Name: _____

Office Response Below

Approved/Unapproved Signed: _____ Title: _____

Date: _____ Notification Date/Type: _____