



# Community Event Application Form

Charitable Registration No.: 719679920 RR0001

THANK YOU for your interest in organizing an event to support the Cancer Foundation of Saskatchewan. We raise funds to support the Saskatchewan Cancer Agency for patient care and treatment. Every dollar raised – 100% - stays in Saskatchewan.

**Before organizing your event, please complete this application form and email to [info@cancerfoundationsask.ca](mailto:info@cancerfoundationsask.ca)**

If you have any questions or require further information, please contact us at 1-844-735-5590 or the email above.

## CONTACT INFORMATION:

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## EVENT INFORMATION:

Event Name: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ # of Attendees Expected \_\_\_\_\_

Event Description:

Would you like to use the Foundation's Proud Supporter logo on promotional material/website? ☐ Yes ☐ No

If yes, please provide communications contact: \_\_\_\_\_

**Please Note: The Foundation reserves the right to approve any final print/design.**

Specific area/campaign to direct the event donations? (i.e. Allan Blair Cancer Centre, Saskatoon Cancer Centre)?

☐ Greatest Patient Needs ☐ Specific Area: \_\_\_\_\_

Is this an annual event? ☐ Yes ☐ No

Has this event taken place before? ☐ Yes ☐ No

## ACKNOWLEDGEMENTS:

**I acknowledge that the Foundation reserves the right to withdraw its name from the event at any time.**

**I acknowledge that I have read and understand the information contained in this application.**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date