



**Central Plains Cancer Services
Third Party Event Application**

EVENT DETAILS

Name of Event: _____

Business/Group/Individual Planning the Event: _____

Event Date & Time: _____ Expected number of attendees: _____

Attendees of note (important guest speakers, special guests, etc.): _____

Location(s): _____

Detailed Event Description: _____

EXPECTATIONS OF CENTRAL PLAINS CANCER SERVICES

Written permission from Central Plains Cancer Services Executive Director must be obtained prior to using CPCS' logo/name to promote your event. We request that Third Party Event organizers submit copies of print materials which include CPCS' logo/name for approval, prior to printing.

Please describe in detail the involvement expected from Central Plains Cancer Services. (e.g. volunteers-numbers, times, duties; promotions – press releases, invitations, information materials, photos, etc.):

ANTICIPATED COST & GROSS INCOME OF EVENT

Anticipated Gross Income: \$ _____

Source(s) of Income: (i.e. ticket sales, sponsorships, auction, etc.) _____

Anticipated Corporate Sponsor(s): _____

What portion of the proceeds will be donated to CPCS? Full Amount _____ % \$ _____

EVENT ORGANIZERS CONTACT INFORMATION

Primary Contact:

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Cell Phone: _____ Email: _____

Secondary Contact:

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Cell Phone: _____ Email: _____

Thank you for your interest in helping support Central Plains Cancer Services.

We look forward to an exciting partnership!



CUPS Office Use Only

Approved by (print name & title): _____

Signature: _____

Date: _____