



## Auxiliary Fundraising Event Information Form – Phase One

**Out – Unit Event:** Funds go to Unit's designated Hospital department

**In-Unit Event:** Funds are used for Unit's needs

Please submit to at least 6 months in advance the Ways and Means VP and email to [AuxiliaryOffice@rchsd.org](mailto:AuxiliaryOffice@rchsd.org) in a timely manner for reference and approval.

### EVENT INFORMATION

In-Unit Event

Out-Unit Event

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

Event Date: \_\_\_\_\_ Estimated Timeline: \_\_\_\_\_

Venue and Address:

\_\_\_\_\_

Website/Applicable Links: \_\_\_\_\_

Projected Total Revenue: \_\_\_\_\_

Ticket Price: \_\_\_\_\_

Fund Designation (if Out-Unit): \_\_\_\_\_

Fund an Item Requested?      Projected Fund-an-Item Revenue: \_\_\_\_\_

Will you be requesting a clinical or patient speaker?

Event Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contracts Submitted? (Reminder: can take up to 6+ weeks for approval)

CONTACT INFORMATION

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Event Chair(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Complete Phase Two Form when your Unit has more information about timeline, designation of funds requests, and speaker requests\*