**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 this form to the Ways and Means VP, as well as email AuxiliaryOffice@rchsd.org,

at least 6 months in advance for approval.

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| --- |
| **EVENT INFORMATION** |

|  |  |
| --- | --- |
| * In-Unit Event
 | * Out-Unit Event
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|  |  |  |  |
| --- | --- | --- | --- |
| 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? | * Yes
 | * No
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| Event Description: |
|  |

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| --- | --- | --- | --- |
|  |  |  |  |
| * Contracts Submitted? (Reminder: can take up to 6+ weeks for approval)
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**EVENT INFORMATION**

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| **CONTACT INFORMATION** |

|  |  |
| --- | --- |
| Event Chair(s): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: |  |  | Email: |  |

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