

**Auxiliary Fundraising Event Details & Speaker**

**Request Form – Phase Two**

Please submit to the Ways and Means VP and AuxiliaryOffice@rchsd.org at

least two months in advance for reference and approval.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Unit: |  | Event Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Event Date: |  | Time: |  |

|  |
| --- |
| Event Venue and Address: |
|  |

|  |  |
| --- | --- |
| Fund Designation (if Out-Unit): |  |

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

|  |  |
| --- | --- |
| Unit Chair(s): |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| * Program Emcee:
 |  |

|  |
| --- |
| **EVENT TIMELINE** |

\*Please include/attach a detailed event timeline, including details like registration, cocktail hour, meal, auction, order of speakers, etc.

|  |
| --- |
| **SPEAKER INFORMATION** |

|  |  |  |
| --- | --- | --- |
| Type of Speaker: | * Foundation Representative
 | * Doctor/Department Representative
 |
|  | * Patient/Patient Family
 | * Other:
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Length of Speech: |  | Assigned Speech Time: |  |

|  |
| --- |
| Special Instructions / Details: |
|  |

|  |
| --- |
| Additional Speakers, Emcees, Auctioneers: |
|  |