



Event Organizer Form

Please provide the following information about your upcoming fundraiser, and return electronically to info@icpcare.org. With your permission, your fundraising event will be posted to the ICP Care website's event listing page.

1. Name of Volunteer Organizer: _____

2. Address: _____

3. Phone number: _____ 4. Email address: _____

5. Proposed Event Title: _____

6. Date of event: _____ 7. Time(s) of event: _____

8. Location of event: _____

9. Additional description or details about the event/project: _____

10. Projected number of attendees/participants: _____

11. Fees or cost to each participant (or N/A): _____

12. Will sponsorships be solicited? Will benefits be offered to sponsors? If yes, please attach benefit packet information.

13. Plans for promoting the event: (*flyers, email notice, print news, TV, radio...*) _____

___ I agree to have my email address shared on the www.icpcare.org for promotion of my event.

___ I HAVE READ AND AGREE TO ICP CARE FUNDRAISING GUIDELINES.

___ I HAVE COMPLETED AN ONLINE ICP CARE VOLUNTEER APPLICATION
AS FOLLOWS: Go to: Click on "Volunteer Application" <http://www.icpcare.com/get-involved/fundraising/>

Signature _____ Date _____