



### **Special Events Policies Benefiting Driscoll Children's Hospital**

1. Any fundraising event which involves the use of the name of "Driscoll Children's Hospital" must be approved in advance by the Development Office.
2. An "Application Form for Special Events" is available from the Driscoll Children's Hospital Development Office. It must be completed and filed with the Development Office before such approval can be granted.
3. Use of the name "Driscoll Children's Hospital" which in any way creates or implies liability for the event by the hospital or its' agents is prohibited. The name "Driscoll Children's Hospital" may not be used in the title or name of an event. "Proceeds to benefit Driscoll Children's Hospital" may be used in promotional materials, invitations or advertising copy.
4. All advertising copy and promotional materials, such as invitations, news releases, public service announcements, posters, banners, flyers, as well as specialty items such as: mugs, T-shirts, caps, etc., which will carry the name or logo of "Driscoll Children's Hospital" must be submitted for approval to the Development Office prior to production and/or publication.
5. Solicitation of businesses, corporations or individuals involving the direct or implied use of the name of "Driscoll Children's Hospital" must be approved by the Development Office prior to solicitation.
6. Codes of the Internal Revenue Service require that fair market value of items, services or privileges associated with fundraising events must be determined and clearly stated on all advertising copy, including: invitations, tickets, programs, posters, etc.
7. Additionally, if the fundraising project is approved by Driscoll Children's Hospital, the sponsoring organization or individual coordinating the fund-raiser must file a permit for solicitation with the City Secretary at Corpus Christi City Hall. A copy of that permit must be provided to the Driscoll Children's Hospital Development Office prior to the fundraising project commencing.

## Special Events Application Form Benefiting Driscoll Children's Hospital

If your business or organization wishes to sponsor a special event or fund-raiser to benefit Driscoll Children's Hospital, your organization must submit the following proposal form for approval prior to the event and prior to any publicity of the proposed event or promotional campaign.

SPONSORING ORGANIZATION/BUSINESS \_\_\_\_\_

CONTACT/AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### **GENERAL INFORMATION**

Please check below the category that best describes your organization:

Corporation \_\_\_\_\_ Retail/Wholesale \_\_\_\_\_ Non-profit \_\_\_\_\_ Other \_\_\_\_\_

Number of members in organization \_\_\_\_\_ Years established \_\_\_\_\_

Please briefly describe the proposed special event or fundraising campaign: \_\_\_\_\_

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

Date(s) event or campaign begin \_\_\_\_\_ Date(s) end \_\_\_\_\_

Location of event or campaign \_\_\_\_\_

### **PUBLIC RELATIONS/MARKETING INFORMATION**

Please describe the proposed publicity for the special event or fundraising campaign: \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Will the publicity be handled by a professional advertising agent?

If yes, please list the agency \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Will print materials (flyers, posters) be developed for event/campaign promotion?

If yes, please list the promotional materials and indicate the extent of distribution and release dates:

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Yes \_\_\_\_\_ No \_\_\_\_\_ Will your organization/business prefer to use the name and logo of Driscoll Children's Hospital and/or Children's Miracle Network within your developed printed materials and/or publicity? (Please note: All copy and promotional materials must be submitted for approval to the Development Office prior to publication.)

What will your organization/business be providing for the event/campaign?

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Yes \_\_\_\_\_ No \_\_\_\_\_ Will your organization/business underwrite the event/campaign costs?

If yes, please list the amount. \$ \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Will your organization/business profit from this event/campaign?

If yes, please estimate your profit. \$ \_\_\_\_\_

**PROPOSED BUDGET**

Identify source(s) of income (ie: ticket sales, entry fees, item sales, etc.) *An undetermined budget will not be acceptable.*

Source	Quantity	Price	Total Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Estimated Income</b>	<b>\$</b>	_____	_____

Identify expenses (printing, postage, food, facilities, etc.)

Source	Quantity	Price	Total Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Estimated Expense</b>	<b>\$</b>	_____	_____

Yes \_\_\_\_\_ No \_\_\_\_\_ Will businesses in your area be contacted for event donations or assistance?

*If yes, you must identify the businesses you wish to contact before application is submitted. If necessary, Driscoll Children's Hospital may contact those businesses as well. You must have permission from the Development Office prior to soliciting any businesses in the name of Driscoll Children's Hospital or Children's Miracle Network. (If necessary, attach additional sheet listing business contacts).*

<b>Business</b>	<b>Contact Name</b>	<b>Phone</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check \_\_\_\_\_ Cash \_\_\_\_\_ How will proceeds be transmitted to Driscoll Children's Hospital?

Anticipated date of funds being transferred? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Will other charitable organizations also benefit from this special event/campaign?

If yes, please list the other beneficiaries and your anticipated contribution to each:

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

**REQUEST FOR SUPPORT**

What support or assistance do you anticipate receiving from Driscoll Children's Hospital or from Children's Miracle Network volunteers and staff?

- \_\_\_\_\_ Printed materials relating to Driscoll Children's Hospital and Children's Miracle Network
- \_\_\_\_\_ Promotional packets (please list number of packets needed) \_\_\_\_\_
- \_\_\_\_\_ Canisters for donations
- \_\_\_\_\_ Camera-ready copy or logos
- \_\_\_\_\_ Guest speaker (topic preferred) \_\_\_\_\_
- \_\_\_\_\_ Use of hospital promotional video tape (date needed) \_\_\_\_\_
- \_\_\_\_\_ Tour of Driscoll Children's Hospital (confirm date with Development Office)
- \_\_\_\_\_ Number of guests anticipated on tour
- \_\_\_\_\_ Notice in Driscoll Children's Hospital newsletter (on space available basis)
- \_\_\_\_\_ Public relations support (please list all specifics) \_\_\_\_\_

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

**Please note: All fundraising activities benefiting Driscoll Children's Hospital are coordinated by the Development Office on behalf of Driscoll Children's Hospital.**

**Special Events Policies must be followed (refer to cover sheet of this document). If you have not received a copy of these policies, please contact the Development Office at Driscoll Children's Hospital prior to submitting this application form. If you have any questions concerning this application, feel free to call 361.694.6403.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date received \_\_\_\_\_

Received by \_\_\_\_\_

Date approved \_\_\_\_\_

Approved by \_\_\_\_\_

**Please return this Application Form for Special Events to the following:**

**Cissy L. Garcia  
Development Department  
Driscoll Children's Hospital  
3533 South Alameda Street  
Corpus Christi, Texas 78411-1785**

**Phone: 361.694.4394**

**Fax: 361.808-2106**

**Email: [Cecelia.garcia@dchstx.org](mailto:Cecelia.garcia@dchstx.org)**