



Special Events Policies Benefiting Driscoll Children's Hospital

1. Any fundraising event that involves the use of the name of "Driscoll Children's Hospital" must be approved in advance by the hospital's Development Office.
2. A "Special Events Application Form" 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" that 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 fundraiser 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 fundraiser 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: _____

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

If yes, please list the agency _____

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

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

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.)
Yes _____ No _____

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

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

If yes, please list the amount. \$ _____

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

If yes, please estimate your profit. \$ _____

PROPOSED BUDGET

Identify source(s) of income (ie: ticket sales, entry fees, item sales, etc.)

Source	Quantity	Price	Total Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Estimated Income	\$	_____	_____

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

Source	Quantity	Price	Total Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Estimated Expense	\$	_____	_____

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

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.)

Business	Contact Name	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Anticipated date of funds being transferred? _____

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

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 (please list number needed) _____

_____ Camera-ready copy (text) or logos

_____ Guest speaker (topic preferred) _____

_____ Representative from Driscoll Children's Hospital on day of event

_____ 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 _____

_____ 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 361-694-6402.

Signature _____ Date _____

Print Name _____

Title _____

Date received _____

Received by _____

Date approved _____

Approved by _____

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

**Whitney Hendley
Development Department
Driscoll Children's Hospital
3533 South Alameda Street
Corpus Christi, Texas 78411-1785**

Phone: 361-694-6402

Fax: 361-808-2106

Email: Whitney.Hendley@dchstx.org