

Conquer Chiari Fundraiser Proposal Form

Event Information

Type of Fundraiser

Event Name Event Date

Event Location

Address

City State Zip Code

Does Site Require Insurance? Will Food and/or Alcohol Be Served?

Projected Number of Attendees

Projected Revenue

Will Conquer Chiari Be Required To Pay Any Expenses Or Sign Any Contracts?

Event Description
Please include
sources of revenue,
and marketing plan.
Attach separate sheet
if necessary.

Volunteer Information (List All Volunteers, Attach Separate Sheet If Necessary)

Name

Phone Number Email

Connection To Chiari :Previous Fundraising Experience?

Signature

Date

By signing this form, I hereby certify that I am undertaking this project as an unpaid volunteer and will derive no material benefit, cash or otherwise, from the fundraising activities described above. I further certify that all funds raised will be for the benefit of the C&S Patient Education Foundation (Conquer Chiari) and that I will comply with all relevant local, state, and federal regulations.

Note: For certain types of events, the C&S Patient Education Foundation requires that a background check be performed on the volunteer(s) responsible for the event. If such a check is deemed necessary, the volunteer(s) will be notified and asked for permission before the background check is undertaken.