

Special Event Application

Thank you for your interest in hosting an event to benefit the programs and services of Arroyo Grande Community Hospital. Please submit this completed application to:

Arroyo Grande Community Hospital Foundation

345 S. Halcyon Road / Arroyo Grande, CA 93420

Phone 805.994.5421 • Fax 805.994-5434

montisa.lopez@dignityhealth.org

Date: _____

Information About You

Name: _____ E-mail: _____

Organization's name (if applicable): _____

Website (if applicable): _____

Please describe your organization: _____

Phone number(s): Mobile: _____ Office: _____ Home: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Information About Your Event

Event name: _____ Event date: _____

Event location(s): _____ Anticipated number of participants: _____

Event description: _____

Primary event organizer: _____

Is the event one time only or recurring? _____

Type of donation(s): Cash In-Kind Both Anticipated donation: \$ _____

AGCH program your event will support: _____

Will proceeds from your event benefit other organization(s)? No Yes

If yes, please list: _____

Why did you choose Arroyo Grande Community Hospital? _____

How can we help? _____



Event Budget

Please estimate:

Revenue

Ticket Sales \$ _____

Sponsorships \$ _____

Gross Anticipated Revenue \$ _____

Expenses

Food/Beverage \$ _____

Printing (tickets, posters, etc.) \$ _____

Advertising \$ _____

Entertainment \$ _____

License fees \$ _____

Prizes \$ _____

Supplies \$ _____

Other \$ _____

Gross Anticipated Expenses \$ _____

Net Revenue (to AGCH) \$ _____

Please indicate the date that funds will be received by AGCH: _____/_____/_____

I, _____, agree on behalf of the organization I represent that if the event I wish to coordinate is approved by Arroyo Grande Community Hospital, I agree to abide by the Beneficiary Special Events Guidelines.

Event Organizer's Signature

Date