Boys & Girls Clubs of Central Virginia Event Proposal Form

Your Information

PREFIX  FIRST NAME  LAST NAME

GROUP/COMPANY PLANNING THIS EVENT

ADDRESS

CITY  STATE  ZIP CODE  COUNTRY

DAYTIME PHONE NUMBER  EVENING PHONE NUMBER

E-MAIL ADDRESS

__ I’D LIKE TO STAY UP-TO-DATE ON THE LATEST NEWS FROM THE BGCCVA. PLEASE SEND ME YOUR E-NEWSLETTER

About the Event

NAME OF THE EVENT

TYPE OF EVENT

EVENT DATE  EVENT START TIME

EVENT LOCATION

ADDRESS

CITY  STATE  ZIP CODE  COUNTRY

DESCRIPTION OF THE EVENT

Event Details

THE EVENT WILL INCLUDE  __AUCTION  __RAFFLE

Please note that certain gaming events (e.g. raffles, bingo) require a license.

THIS EVENT IS  __OPEN TO THE PUBLIC  __INVITATION ONLY

HOW WILL THE EVENT BE PUBLICIZED?

PLEASE GIVE A PHONE NUMBER OR WEBSITE THAT CAN BE LISTED PUBLICLY

WILL THE GIFT FROM THE EVENT WILL BENEFIT A SPECIFIC AREA OF THE BGCCVA?  __NO  __YES

IF YES, PLEASE LIST

Please note that by choosing no, your gift may be applied by the BGCCVA to the areas of most immediate need. Unrestricted giving is one of the most valuable resources available to the BGCCVA.
Estimated Event Revenue

TICKET PRICE

ESTIMATED EVENT INCOME (e.g. ticket sales, raffles, auctions, etc.)

ESTIMATED EVENT EXPENSES

ESTIMATED EVENT NET REVENUE

ARE THERE OTHER BENEFICIARIES BESIDES THE BGCCVA? __NO __YES
IF YES, PLEASE LIST

PLEASE NOTE THE PERCENTAGE DESIGNATED TO EACH ORGANIZATION

PERCENTAGE DESIGNATED TO THE BGCCVA

ESTIMATED DATE FUNDS WILL BE RECEIVED

MY COMPANY PLANS TO MATCH THE GIFT AMOUNT THAT I RAISE __NO __YES

PLEASE LIST ALL BUSINESSES AND INDIVIDUALS YOU PLAN TO SOLICIT FOR CASH OR IN-KIND DONATIONS (e.g. products and services)

________________________________________________________

________________________________________________________

________________________________________________________

PLEASE LIST ALL POTENTIAL VENDORS

________________________________________________________

________________________________________________________

I HAVE REVIEWED AND AGREED TO THE BGCCVA THIRD PARTY EVENTS GUIDELINES, INCLUDING THE SECTION ON ‘FINANCIAL INFORMATION’.

SIGNATURE _______________________________ DATE _____________________

Please return the completed form to the address listed below.
Please note that expenses for your event should not exceed 30 percent of the income raised.

BOYS & GIRLS CLUBS
OF CENTRAL VIRGINIA

Special Events//Resource Development Office
Boys & Girls Clubs of Central Virginia
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