



The Home for Little Wanderers Third Party Event Form

The Home for Little Wanderers must approve this application before an event is held. In order to process your proposal, all fields must be completed in full. Please attach an additional sheet(s) if necessary.

Ways to Submit Your Proposal

Fax: 617-369-9467 (Attn: Jamille Benson)
Mail: The Home for Little Wanderers
 10 Guest Street, Boston, MA 02135

About the Event

Event Name: _____
 Date: ____/____/____ Time: _____
 Address (where event will be held): _____

 City: _____ State: _____ Zip: _____
 Is the event: ___open to the public ___by invitation only?
 Ticket Price: \$ _____
 For publicity purposes, a phone number that can be publicly listed: _____
 Has this event taken place before? yes / no
 If so, when: ____/____/____
 Are there other beneficiaries besides The Home? yes / no
 If yes, which organization(s): _____
 % The Home will receive: _____
 Does your Company plan to match the amount you raise? yes / no
 Does your event require a license? yes / no
 Briefly describe the event and how the funds will be raised. (e.g. ticket sales, pledges, auction, raffle, etc.)

 How will the event be publicized? (press releases, flyers, radio/TV, printed ads, Facebook*, Twitter*)

 *Would you like The Home to publicize the event to its Facebook (www.facebook.com/thehomeforlittlewanderers) and Twitter (@thehomeorg) accounts? yes / no

Contact Information

Name of Individual(s) Responsible: _____
 Name of Group/Company Planning Event: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Business Phone: _____
 Fax: _____
 Email Address: _____

Budget

Please list all costs, even if you expect them to be donated.

Revenue:	
Participant Revenue (# X cost per person)	\$ _____
Sponsorship	\$ _____
Pledges	\$ _____
Raffle	\$ _____
Auction	\$ _____
Other (describe) _____	\$ _____
Other (describe) _____	\$ _____
Other (describe) _____	\$ _____
TOTAL EXPECTED REVENUE	\$ _____
Expenses:	
Location	\$ _____
Food / Beverages	\$ _____
Printing	\$ _____
Security	\$ _____
Advertising	\$ _____
Entertainment	\$ _____
License Fees	\$ _____
Prizes	\$ _____
Supplies	\$ _____
Other (describe) _____	\$ _____
Other (describe) _____	\$ _____
TOTAL COSTS	\$ _____

Net Revenue (revenue less total costs) to The Home for Little Wanderers: _____
 Are costs coming out of proceeds OR to be paid by event organizer?
 Date that funds will be received by The Home for Little Wanderers: ____/____/____
 Will your gift be restricted to a specific fund at The Home for Little Wanderers?
 no (Unrestricted) OR yes to (Fund or Program name): _____

Please list all businesses that you plan to ask for cash or in-kind support. (products or services)

Business	Request
_____	_____
_____	_____
_____	_____
_____	_____

Please print name: _____ Today's date: _____