

# Third Party Event Application

A **Third Party Event** is an event organized and executed by community volunteers (individual, community group, service club, or business) external to New Hope Ministries who wish to raise money through a planned activity that is designed, managed and financially resourced by the external party (auctions, concerts, golf tournaments, specialty product sales promotions, bake sales). The beneficiary of the proceeds from the event is named as New Hope Ministries.

① Please review the guidelines and complete this application at least one month prior to the date of the event. If you have questions about the guidelines or application, please contact Michelle Zemba at 717-432-2087 ext. 1211 or [mzemba@nhm-pa.net](mailto:mzemba@nhm-pa.net).

**Submit application to:** New Hope Ministries, P.O. Box 448, Dillsburg, PA 17019 or [mzemba@nhm-pa.net](mailto:mzemba@nhm-pa.net).

★ Name of Group/Individual planning event:

\_\_\_\_\_

Event contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Email address: \_\_\_\_\_

★ Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Rain date, if applicable: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Event is: ☐ Open to the public ☐ Invitation only

Ticket price \$ \_\_\_\_\_

Has this event taken place before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

★ Briefly describe the fundraising components (ticket sales, auction, sponsors, etc.). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

★ What is your projected gross income? \$ \_\_\_\_\_

★ What are your projected expenses? \$ \_\_\_\_\_

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★ If possible, would you like to have someone from New Hope Ministries present at your event? \_\_\_\_\_

If yes, what role will they play? \_\_\_\_\_

★ How will the event be publicized – press releases, advertisements, social media, flyers, etc.? \_\_\_\_\_

Would you like to use logos in your promotional materials? \_\_\_\_\_

★ New Hope Ministries requests that you display informational materials about our organization at your event. Please indicate how many items we should provide to you for this purpose. \_\_\_\_\_

★ Anything else you would like us to know about the event? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

① I have read the accompanying **Third Party Event Guidelines and Procedures** provided to me by New Hope Ministries and understand the policies described. I hereby agree to abide by the aforementioned guidelines and hold harmless New Hope Ministries against any claims arising from the event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Sharing Christ's love by meeting human needs

## Office Use Only

Date rec'd: \_\_\_\_\_

By: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Approved? \_\_\_\_\_

Notified: \_\_\_\_\_

Follow-up: \_\_\_\_\_