



Fisher House of the Emerald Coast Inc. Third-Party Event Application

Application Instructions: Please fill out and send the completed form to: Fisher House of the Emerald Coast, Inc. P.O. Box 2007, Eglin AFB, FL 32542 or by email: director@fisherhouseemeraldcoast.org. Please allow 5-7 business days for a response.

1. Event Organizer Information:

Name of contact: _____ Today's date: _____
Mailing address: _____
Telephone: _____ Email: _____
Name of Organization: _____
Website: _____ Is your organization a nonprofit 501(c)(3)? Yes No

2. Event Information:

Name of Event: _____
Projected attendance: _____ Is the event: Open to the public _____ By invitation _____
Ticket price (if applicable) \$ _____
Is this, or will this be, an annual event benefitting Fisher House of the Emerald Coast Inc?
Yes _____ No _____ To be determined _____
Description of event:

Location name: _____
Address: _____
Event Date: _____ Start time: _____ End time: _____
Are there other beneficiaries of this event? Yes _____ No _____
If yes, name of other organizations: _____
Percentage to be given to Fisher House of the Emerald Coast Inc: _____ %
Describe how funds will be raised:



Event Application, Page 2:

Will you have the following at your event? (Mark all that apply)

Raffle _____ Auction _____ In-kind donations (toys, crafts, books, etc.) _____

Does your event have sponsors? (corporate, media, etc.): _____

Do you plan to solicit donations to purchase in-kind items (toys, crafts, books, etc.)

Yes _____ No _____

Does the event require a permit? * Yes _____ No _____

Does the event require insurance? * Yes _____ No _____

**If you answered yes to either/both of these, please include a copy of the document(s) two weeks prior to the event.*

Plan for publicity:

All materials must be reviewed and approved by Fisher House of the Emerald Coast Inc.

Press releases to be sent to: _____

Flyers to be distributed to: _____

Public service announcement to be distributed to: _____

Other: _____

Will you have an event website? Yes _____ No _____

Web address: _____

3. Financial Overview:

Budget estimate: (Organization/Individual not liable for amounts listed)

Food/Beverage \$

Venue \$

Entertainment \$

Permit/Insurance fees \$

Printing \$

Supplies \$

Other \$

ANTICIPATED EXPENSES \$

ANTICIPATED GROSS REVENUE \$

ANTICIPATED NET REVENUE \$

(Amount submitted to Fisher House of the Emerald Coast Inc.) _____



I plan to submit the funds by: mail _____personal delivery _____
other _____(specify)

Please indicate the date the funds can be expected by Fisher House of the Emerald Coast, Inc.

(Funds must be received within 30 days of the event.)

Program you would like your funds to be designated to:

4. I specifically agree to all the terms and conditions contained in the Policies and Procedures for Third-Party Event Organizers (if any) attached to and made a part of this application. I understand that my event is not considered an approved event until written approval of my application is received from Fisher House of the Emerald Coast Inc. No amendment, modification or waiver of any of the terms and conditions contained in this document and the Policies and Procedures for Third-Party Event Organizers shall be valid unless in writing.

At no time will Fisher House of the Emerald Coast Inc., or any representative of Fisher House of the Emerald Coast Inc. be responsible for the cost, planning or staffing of my event, nor will they be liable for personal injuries or damages to property which may occur during my event. I agree to indemnify and hold harmless Fisher House of the Emerald Coast Inc. and their employees, agents and representatives, from any and every claim, demand, suit and payment related to or caused by my event.

Event Organizer's Signature: _____

Date: _____

Return completed application to:

Executive Director

Mia Hughes

Fisher House of the Emerald Coast, Inc.

P.O. Box 2007, Eglin AFB, FL 32542

director@fisherhouseemeraldcoast.org

850-259-4956