



Date: _____
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved
Comments _____

CIRCLE PROJECT APPLICATION FORM

(Project 1)

Please Type or Neatly Print All Information

DATE SUBMITTED: _____

I. CIRCLE(S) PARTICIPATING: _____

II. EVENT CONTACT INFORMATION

Project Chair: _____

Phone numbers: (H) _____ (Cell) _____ Email: _____

Mailing Address: (street, city, zip) _____

Additional Contact (Co-chair): _____

Phone numbers: (H) _____ (Cell) _____ Email: _____

Mailing Address: (street, city, zip) _____

Circle Leader (will receive copy of approval letter): _____

Phone numbers: (H) _____ (Cell) _____ Email: _____

Mailing Address: (street, city, zip) _____

III. EVENT DESCRIPTION

1. Name of Event: _____

2. Date of Event: _____ Rain date: _____

a. Indoor Outdoor

3. Hours of Event: _____

4. Ticket Price: \$ _____

5. Who to contact to purchase Tickets: _____

6. Location of Event (name and address) _____

7. Nature of Event (Please explain in detail): _____

8. Has this event been done before? _____ When? _____ Which Circle? _____

9. Projected Attendance: _____

10. Do you plan to sell chance tickets at the event to just the people attending the event?

a. No Yes

IV. INSURANCE/COVERAGE OF EVENT

1. Does the location have liability insurance? No Yes (If yes, please ask for a copy of their certificate and if they will name "The King's Daughters" (not just your Circle) as an additional insured for the event dates.)
2. Does this project require a written agreement or contract with a vendor or other third party? No Yes (if yes—please attach contract for review and approval—Circle must NOT sign contracts)

IV. FINANCIAL INFORMATION – (estimate to the best of your knowledge)

1. Projected income: \$ _____
2. Projected expenses: \$ _____ (income should cover expenses)
3. Will you take credit cards? No Yes (if yes, obtain proper form from KD office)
4. Projected cash sponsorship: \$ _____
5. Estimated donation: \$ _____
6. Expected date net proceeds to be donated: _____ (within 30 days of project completion)
7. List of businesses/individuals you plan to ask to support this event: (Please note if request is for cash or in-kind donations. Please attach additional pages if needed. If not all contacts are known at the time of form submission, please continue to inform KD of additional contacts you wish to make BEFORE you make them.) _____

V. PROPOSED SUPPORT NEEDED FROM KD OFFICE (please allow 2 weeks per request after Project is approved)

- Create Invitations Print Invitations Create Flyer Print Flyer
- Send Press Release Promotion on Website Online Ticket Sales
- Mail Sponsorship Request Letters Mail Sponsorship Thank You Letters
- Promotion in Circular Make Other Copies Need KD Attendance at Event
- Need Other Equipment: (i.e. cash boxes, easels, banner, pictures): _____

VI. PUBLICITY INFORMATION

The King's Daughters Office must review and edit all promotional materials. Please make sure the KD logo/name appears on all materials with the phrase, "A project of (circle) of The King's Daughters to benefit CHKD." Use of CHKD logo is also encouraged.

Please indicate the types of promotions you plan to do for your event:

1. Invitations/Tickets will be sent to: _____
2. Flyers will be sent to: _____
3. Press releases will be sent to: _____
4. Public service announcements (PSAs) will be sent to: _____
5. Other Media Involvement: _____