



CIRCLE PROJECT APPLICATION FORM

(Project 1) - Please Type or Neatly Print All Information

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

DATE SUBMITTED: _____

I. CIRCLE(S) PARTICIPATING: _____

II. EVENT CONTACT INFORMATION

Project Chair: _____

Email: _____ Daytime Phone: _____

Additional Contact (Co-chair): _____

Email: _____ Daytime Phone: _____

Circle Leader: _____

Email: _____ Daytime Phone: _____

III. EVENT DESCRIPTION

- Name of Event: _____
- Date of Event: _____ Rain date: _____
 a. Indoor Outdoor
- Hours of Event: _____
- Ticket Price: \$ _____ Includes: (food, alcohol, entry, other...) _____
- Contact Name and Phone # for Print Materials: _____
- Phone # (and email if applicable) for Print Materials: _____
- Location of Event (name, address, city, state, zip) _____

- Has this event been done before? _____ When? _____ Multiple Years? _____
- Nature of Event (Please explain in detail): _____

- Projected Attendance: _____
- Do you plan to sell chance tickets at the event? No Yes (only to the people attending the event)

IV. INSURANCE/COVERAGE OF EVENT

- 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 date(s).
- 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.
- Do you plan to serve and/or sell alcohol at event? No Yes
 If yes, contact the KD office at least one month prior to event date to request an ABC license that must be secured. Do not apply for this license yourself.

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 event profit: \$ _____
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

- Promotion on Website Online Ticket Sales Create Invitations Print Invitations
- Create Flyer Print Flyer Create Tickets Print Tickets
- Send Press Release Prepare/Mail Sponsorship/Donation Request and/or Thank You Letters

(Please allow 2 weeks per above request after Project is approved)

- Promotion in Circular Request KD Staff or Board attendance at Event
- Need Other Equipment at event: (i.e. cash boxes, easels, KD banner, patient 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: _____

Other Requests/Details: _____

Submit completed form to:

The King's Daughters Office | 601 Children's Lane, 2nd floor | Norfolk, VA 23507 | fax:757.668.8907
Email: info@kingsdaughters.org