



CIRCLE PROJECT APPLICATION FORM (P1)

Please Type or Neatly Print All Information

KD Office Use Only:	
<input type="checkbox"/> Ex. Director Rcd./Apvd. Date: _____	
<input type="checkbox"/> VP Membership _____	
<input type="checkbox"/> Approved /Date: _____	
* At Board Meeting <input type="checkbox"/>	
*Via Email <input type="checkbox"/>	
<input type="checkbox"/> ABC License Applied: YES _____ NO _____	
<input type="checkbox"/> Waiver Provided: YES _____ NO _____	
<input type="checkbox"/> Insurance Applied: YES _____ NO _____	
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: _____

Circle Liaison: _____

III. EVENT DESCRIPTION

- *Event Title: _____
- Date(s) of Event: _____ circle one: Su M Tu W Th F Sa
- Hours of Event: Start Time _____ End Time _____
- *Location of Event (name, address, city, state, zip) _____

Indoor Outdoor (Include Rain Date : _____)

5. Projected Attendance (quantity): _____ Capacity _____

6. Price: \$ _____

Ticket price includes:

Food Yes No *If yes, list caterer information: _____

Alcohol Yes No *If no, list cost per drink: _____

7. Event Contact person for print materials and website: Contact Name: _____

Phone: _____ Email: _____

8. Has this event been done before? Yes No **If yes, when? _____ Multiple Years? _____

9. *Event Description: _____

10. Do you plan to sell chance tickets at the event? (May only sell to patrons at event) Yes No

11. Do you plan to accept credit card payments (tickets, sales at events, etc.) Yes No

(If yes, proper form must be provided by KD office)

IV. INSURANCE/COVERAGE OF EVENT

1. *Does the location have liability insurance? Yes No

If yes, please request location to provide a copy of their certificate and name "The King's Daughters" (not Circle name) as an "Additional Insured" for the event date(s).

2. Does this project require a written agreement or contract with a vendor or other third party? Yes No If yes, please attach contract for review and approval. Circle members must NOT sign contracts. Please allow 4-6 weeks for KD office/CHKD Legal Dept. review.

3. *Do you plan to serve and/or sell alcohol? Yes No Does venue or caterer supply license? Yes No

*If yes, list who: _____

*If no, Circle must submit "ABC License Request Form" to KD office. Allow 30 days for processing. Do not apply for license yourself.

V. ESTIMATED FINANCIALS (for planning purposes, not required)

ANTICIPATED INCOME:

- A. Tickets \$ _____
- B. Food/Beverage/Alcohol \$ _____
- C. Sales \$ _____ (specify what is for sale _____)
- D. Auction (Live or Silent) \$ _____
- E. Chance Tickets \$ _____
 - a. # Tickets Sold _____
 - b. Price Per Ticket _____
- F. Sponsorships/Donations \$ _____
- G. Other Income \$ _____ (specify from what _____)
- H. TOTAL INCOME** \$ _____

ESTIMATED EXPENSES:

- A. Rental \$ _____
- B. Food/Beverage \$ _____
- C. Entertainment \$ _____
- D. Promotion/Printing \$ _____
- E. Decorations/ Equipment \$ _____
- F. Permits / Licenses \$ _____
- G. Other \$ _____ (specify what _____)
- H. TOTAL EXPENSES** \$ _____

Estimated Event Net Profit (Income less Expenses): \$

1. Expected date profit will be donated: _____ (within 30 days of project completion)
2. **List businesses/individuals you plan to ask to support this event:** Please note if request is monetary or in-kind. Attach additional pages if needed. If all contacts are not known at the time of form submission, please continue to inform KD of additional donation requests you wish to make BEFORE you make them.

VI.*SUPPORT NEEDED FROM KD OFFICE *Please allow 2 weeks for requests after Project is approved

- Online Ticket Sales/Registration *Circle Member to receive notifications _____
- Promotion on Website Create Invitations
- Print Invitations Create Flyer Print Flyer Create Tickets Print Tickets
- Assistance/Mail Sponsorship/Donation Request and/or Thank You Letters
- Promotion in Circular (time/deadlines permitting) Request KD Staff or Board attendance at event
- Social Media *If this event has a FB "event" or fan page, please list link _____
- Need Equipment at Event (i.e. cash boxes, easels, KD banner, mylar KD logo balloons, patient pictures)
- Supply ____ canisters to be present at event to promote Signature Project.

VII. PUBLICITY INFORMATION

The King's Daughters Office must review ALL promotional /print materials prior to distribution. Please make sure the KD logo/name appears on all materials with the phrase, "A project of (Circle Name) of The King's Daughters to benefit CHKD." Please indicate the types of promotions you plan to do for your event: All media, press releases, and public service announcements must be approved by KD Office.

1. Invitations will be sent to: _____
2. Flyers will be sent to/distributed at: _____
3. Other: _____

Submit completed form to:
 The King's Daughters Office | 601 Children's Lane, 2nd floor | Norfolk, VA 23507 | Tel: 757.668.7098
 Fax: 757.668.8907 | Email: info@kingsdaughters.org