



CIRCLE PROJECT APPLICATION FORM (P1)

Please type or neatly print. **Please allow at least 2 weeks for approval.**

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

Board Liaison: _____

III. EVENT DESCRIPTION

1. Event Title _____

2. Date(s) of Event _____ circle one: Su M Tu W Th F Sa

3. Hours of Event: Start Time _____ End Time _____

4. 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 yes, list type(s) of drink and cost per drink: _____

7. Event contact person for print materials and website: 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, Circle must use square or KD website online sales)

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 The KD office/CHKD Legal Dept. to 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, 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 office 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 Mailing Sponsorship/Donation Requests 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 Facebook event or online presence, list link* _____
- If in need of equipment at event (i.e. cash boxes, easels, KD banner, mylar KD logo balloons, patient pictures, canisters), Circle must submit **Circle Project Supply Request Form** to KD office two weeks prior to picking up.

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 | 601 Children's Lane, 2nd floor | Norfolk, VA 23507
Tel: 757.668.7098 | Fax: 757.668.8907 | Email: info@kingsdaughters.org