



Third Party Event Inquiry

Event Name: _____

Date: _____ Time: _____

Location (Address/Facility/City): _____

Contact Name: _____ Contact Phone: _____

Contact Address: _____ Postal Code: _____

Contact Email: _____

Fundraising Goal: _____ Expected Number of Attendees: _____

Description: _____

Would you like a BBBS representative to attend the event (circle one)? Yes / No

If yes, what involvement will they have? (Please note this is subject to availability)

Speech Cheque Presentation Press Conference Other: _____

Additional details: _____

Would you like to use the BBBS logo on your event promotional material (circle one)? If Yes, it will be emailed to you at the above email address: Yes / No

Please return these details to Christine.drury@bigbrothersbigsisters.ca and we will be in contact to discuss your event and supply you with our event tool kit and agreement.