

**9.3 EVENT GUIDELINES AND THIRD PARTY EVENT REGISTRATION FORM**

Thank you for expressing an interest in organizing a fundraising event on behalf of the Mount Forest Louise Marshall Hospital Foundation. The follow policies are intended to protect the reputation and integrity of the Mount Forest Louise Marshall Hospital Foundation. As part of your commitment to organize an event, the Mount Forest Louise Marshall Hospital Foundation asks that you and your organization review, acknowledge and abide by these policies.

1. All events must be registered with and approved by the Mount Forest Louise Marshall Hospital Foundation prior to the event start date and prior to any event fundraising activities or promotion as a fundraiser for the Foundation.
2. The Foundation has sole jurisdiction over the use of the Mount Forest Louise Marshall Hospital Foundation name and logo design to support fundraising events. All promotional materials, publicity and media communications must receive prior approval from the Mount Forest Louise Marshall Hospital Foundation. The Foundation reserves the right to withdraw consent to the use of its name and logo if, due to circumstances unforeseen at the time of the event organizer's proposal is approved, use could damage the Foundation's reputation or status in the community.
3. All costs associated with the event shall be the sole responsibility of the event organizer(s). The Mount Forest Louise Marshall Hospital Foundation cannot accept any responsibility for any associated costs and encourages the organizers to seek donated goods and services to offset any cost incurred. The event organizer cannot solicit contributions as a representative of the Foundation.
4. All staff and volunteers for the event will be provided by the event organizer.
5. The event organizer will indemnify and save harmless the Mount Forest Louise Marshall Hospital Foundation and its agents, employees, officers and directors from and against all claims, suits and causes of action arising out of the fundraising event.
6. The event organizer will acquire all appropriate permits, licenses and insurance certificates.
7. Fundraising events will maintain the highest ethical standards. The event organizer will ensure that all appropriate health and safety standards and precautions are in place for the event.
8. All donations must be collected by the event organizer and forwarded to the Mount Forest Louise Marshall Hospital Foundation within 30 days of the event.
9. All cheques should be made payable to the Mount Forest Louise Marshall Hospital Foundation. Contributions will be received and, if appropriate, receipted by the Mount Forest Louise Marshall Hospital Foundation in keeping with Canada Revenue Agency guidelines. All funds raised will support the mission of the Mount Forest Louise Marshall Hospital Foundation.
10. If you would like to request that charitable receipts be issued for donations collected at your event, please contact our offices at least four (4) weeks prior to your event date to inquire whether the donations are eligible to be receipted under Canada Revenue Agency guidelines.

Please ensure that our charitable registration number (888153848RR0001) is on all event materials.

11. The Foundation will issue tax receipts for eligible gifts (made by cheque only) of \$20.00 and up.
12. All eligible online donations will automatically receive a receipt.
13. As per Canada Revenue Agency guidelines, no receipts will be issued to corporations sponsoring an event in return for recognition and promotion.
14. For fundraising events such as galas, dinners of golf tournaments, a tax receipt may be issued for the entry fee, or ticket, less the "advantage". Advantage is defined, as the benefit the participant will receive as part of their entry fee or ticket, such as prizes, food or green fees. Please note that the advantage cannot exceed 80% of the entry fee.
15. For confidentiality and protection of privacy, the Mount Forest Louise Marshall Hospital Foundation will not provide mailing lists or other donor information to the event organizer.
16. The Mount Forest Louise Marshall Hospital Foundation cannot guarantee staff or volunteer attendance at events.
17. The Mount Forest Louise Marshall Hospital Foundation may provide a letter of support to be used to validate the authenticity of the event and the organizers.

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Please sign here to acknowledge that you have read & will adhere to the above policies

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Date

Please return this signed form, along with your completed Third Party Event Registration Form to:

Amy Van Huss  
Development Officer  
Mount Forest Louise Marshall Hospital Foundation  
630 Dublin Street, Mount Forest, ON N0G 2L3  
[avanhuss@nwhealthcare.ca](mailto:avanhuss@nwhealthcare.ca)  
519-323-3333 x.2750

**Thank you for your support**

**THIRD PARTY EVENT REGISTRATION FORM**

Thank you for your interest in organizing a fundraising event to benefit the Mount Forest Louise Marshall Hospital Foundation. Please complete the form below so that we can fully understand your event and its impact on the Mount Forest Louise Marshall Hospital Foundation. Please return the completed form to the address printed below. Please note that this application must be approved by the Mount Forest Louise Marshall Hospital Foundation prior to publicizing or holding the event.

Event Name: \_\_\_\_\_

Type of Event:  One-Time       Annual       On-Going

Event Date(s): \_\_\_\_\_ Event Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Event Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the funds be raised? \_\_\_\_\_  
\_\_\_\_\_

How will you promote your event? \_\_\_\_\_  
\_\_\_\_\_

Materials requested from the Mount Forest Louise Marshall Hospital Foundation:

Logo     Donations Forms     Information on the Louise Marshall Hospital Foundation

Other Materials – *please specify*: \_\_\_\_\_

Special Requests: \_\_\_\_\_

*I have read and agree to the Mount Forest Louise Marshall Hospital Foundation's Third Party Event Policies, and I understand that I must inform the Foundation of any changes made to my event.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this signed form, along with a signed copy of the attached Third Party Event Policies to:*

Amy Van Huss, Development Officer  
Mount Forest Louise Marshall Hospital Foundation  
630 Dublin Street, Mount Forest, ON, N0G 2L3  
519-323-3333 x. 2750