



Third Party Event Request Form

Please fill out the form below. West Park Healthcare Centre Foundation requires that all third party events be registered. If you have any questions please contact Jennifer Tasca at 416-243-3600 extension 4428 or email events@westpark.org.

Fields marked with an asterisk are required.

Contact Information:

First Name*: _____

Last Name*: _____

Day Time Phone #*: _____ Alternative Phone #: _____

Fax Number: _____ Email: _____

Organization/Group/Company Name*: _____

Address*: _____

City*: _____ Province*: _____ Postal Code*: _____



Event Information:

Name of Event (how would you like to be recognized)*: _____

Date(s) of the Event*: _____

Event Address*: _____

Event City*: _____ Event Province*: _____

Event Postal Code*: _____ Approximate Start and End Time*: _____

Event Details* (describe the event and how you will raise the funds):



What is your estimated total revenue for this event?*: _____

What percentage of the proceeds will be directed to West Park Healthcare Centre Foundation?*: _____

Is there a particular area of support that you would like to direct your funds?:

Promotion of Your Event:

Would you like your event listed on our website?: _____

Would you like your event listed in our newsletter?: _____

How will you promote your event?*: _____

Do you plan on using the West Park Healthcare Centre Foundation name and/or logo in your promotions?*: _____

If yes, please describe, in detail, how the West Park Healthcare Centre

Foundation name and/or logo will be used*: _____
