



CANCER SOCIETY OF THE BAHAMAS

SPECIAL EVENTS FORM

WITH THE CANCER SOCIETY OF THE BAHAMAS

Name of Fund Raising Event: _____

Type of
Event: _____

(Give brief detail of event)

Sponsored By (If applicable): _____

Date of Event: _____ Time of Event: _____

Venue: _____

Contact Person: _____

Post Office Box: _____

Phone Contacts: _____ (w) _____ (h) _____ (c)

Email: _____

Date Submitted: _____

Approved By Cancer Society of the Bahamas: _____ (Title/Position) _____

Date: _____ Signed: _____ (Signature of Event Chairperson)

Witness: _____ (Cancer Society of The Bahamas)

Terms of Agreement:

- We/I will donate _____% or _____ (\$) of the Net proceeds of the event following event to the Cancer Society of The Bahamas.

Any use of the Cancer Society of The Bahamas name or logo for promotional purpose requires prior approval of (CSOB).

