



# 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).*

