



THIRD PARTY FUNDRAISER APPLICATION

CONTACT INFORMATION

Organizer(s) Name: _____

Business Name: _____

Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

EVENT DESCRIPTION

Event Name: _____

Type of Activity: _____

Date & Time: _____

Location: _____

Brief Description: _____

What type of Involvement do you want from Vita Centre? _____

Why do you want to support Vita Centre? _____

All advertising, media releases, any mention of the event or the use of Vita Centre's logo must be reviewed and approved in advance.