

## **Third Party Fundraising Event Proposal Guidelines and Form**

Thank you for considering Northwest Association for Blind Athletes (NWABA) as the beneficiary of your fundraiser! Your generosity will help to provide life-changing opportunities for visually impaired individuals of all ages and abilities in our community to participate in sports and physical activity.

## To ensure consistent messaging and clear expectations, we do ask that you please carefully review the following guidelines before submitting a third party fundraising event proposal:

- All fundraising activities benefiting NWABA must be approved in advance.
- Use of the NWABA's logo or name must be approved in advance.
- Tickets, invitations, posters, advertisements, press releases, etc. must be approved in advance.
- NWABA is not liable for expenses related to third party activities or events.
- NWABA is not responsible for insurance related to third party activities or events. If insurance is required, it will be the responsibility of the third party. (Proof of insurance required.)
- Please contact NWABA before submitting the proposal if you plan host a raffle.

Name:	
Organization (if applicable):	
Address:	
Email address:	
Description of event/activity:	
Location:	
Date/Time:	
Net revenue to NWABA \$	Will insurance be required? Yes No
Will alcohol be served?YesNo	Will permits be required? Yes No

Please return proposal to:

Northwest Association for Blind Athletes
PO Box 65265
Vancouver, WA 98665-3019
1-360-448-7254
Development@nwaba.org

How will the event/activity be advertised?	
Will the activity or event need volunte *There is no guarantee that we can provide vo	eers?YesNo If yes, how many? olunteers*
	ion, I agree to the guidelines outlined above. I also agree to distribute ity to Northwest Association for Blind Athletes within 45 days.
Signature	Date
Thank you again for your support of Naccomplish our mission. Together, we	Northwest Association for Blind Athletes. Generosity like yours helps us e can make a difference!
FOR OFFICE USE ONLY	
Date Received:	Date Approved:
Approved by Executive Director	

Please return proposal to:

Date

Signature

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