Contact name:			
Address:			
City:			
Province:			
Postal Code:			
Phone Number:		-	
Email Address:			
Event Information			
Event Name:			
Type of event:			
Jr			
Date of Event			
Month	Day	Year	
•	•	V	
Event Location			
Address:			
City:			
Province:			

Name of Group/Company holding the event (if applicable)

Fundraising Goal: \$	
Project Event Costs:	
Are there any other chariti	es receiving funds from this event / fundraiser?
Yes	
No	
If yes what percentage will	The Saskatoon SPCA receive: %
	_
	receipts? (If you respond 'Yes', the following Proposed Budget, must by the Saskatoon SPCA prior to the event).
Yes	
No	
O No	
Location/Venue: \$	
Food/Beverages: \$	
Printing (tickets, posters, invitations): \$	
Advertising / Promotion: \$	
Other (specify): \$	

Brief Description of Event:

Expected Revenue to The Saskatoon SPCA: \$
Expected date monies to be received by The Saskatoon SPCA (must be no more than 90 days after the event):