



Baltimore Child Abuse Center

Third-Party Event Agreement

Thank you for your interest in hosting an event to benefit Baltimore Child Abuse Center (BCAC). As a private non-profit organization, we depend on support from the community to continue to provide services to victims of child sexual abuse and their families, as well as to provide prevention resources to the community at-large.

Please read the BCAC Third-party Event Policies prior to signing this agreement.

Company, organization or individual hosting the event: _____

Contact Name/Responsible Party: _____

Mailing Address:

E-mail:

Day Phone: _____ **Cell Phone:** _____

Name of Event:

Description of the event, including activities, agenda, etc. (Attach separate sheet if necessary):

Event Date: _____ **Event Time:** _____

Event Location and Address:

Event Purpose:

Anticipated Attendance: _____

Who is your target audience? (i.e. age, demographics, etc.)

Is there an admission fee or requested donation amount to attend the event? ___ Y ___ N

If yes, what is the fee or donation? \$ _____

Please list the event sponsors and what they are being asked to donate:

What other non-profit organizations or groups are being invited to participate?

Are proceeds from this event benefitting organizations in addition to BCAC? ___ Y ___ N

If yes, which one(s)?

Would you like someone from BCAC's staff to be at the event? ___ Y ___ N

If yes, please explain: _____

What assistance, participation, materials, etc., if any, are you requesting from BCAC?

How will you promote the event?

How will funds be generated for BCAC? (check all that apply)

Ticket Sales/Entry Fee

Auction proceeds

Donations from attendees

Other

Percentage of sales

Projected Income: \$ _____ **Projected Expenses: \$** _____

Projected Donation to BCAC: \$ _____ **Minimum Donation Guaranteed: \$** _____

Please provide any other details about the event:

Signature: _____ **Date:** _____

Your signature verifies that you have read and agree to the BCAC Third-Party Event Policies & Procedures. BCAC is not liable for any costs of the event. In addition, you agree to hold harmless BCAC against any claims by third parties or vendors.

BCAC Signature: _____ **Date:** _____

Return this application/agreement and return it to:

Baltimore Child Abuse Center
ATTN: Jenny Trust
2300 N. Charles St., 4th Floor
Baltimore, MD 21218
jtrust@bcaci.org