



NATIONAL SPORTS CENTER FOR THE DISABLED

Event Interest Form

For Third-Party Efforts/Events

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Company/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (direct) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Description: \_\_\_\_\_

Date of Event: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Location of Event: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

How are funds raised (ticket sales, pledge, auction, etc)? \_\_\_\_\_

Annual Event: Y / N # of Years: \_\_\_\_\_ Amount Raised in Past Years: \$ \_\_\_\_\_

Is NSCD the sole beneficiary? Y / N If not, please name others: \_\_\_\_\_

How will event be publicized: \_\_\_\_\_

Will Liability Insurance be required: Y / N Will Special Event Permit/Liquor License be required: Y / N

What will you need from NSCD: \_\_\_\_\_

Please list businesses you plan to solicit for cash or in-kind (product/services) support : (list on back if necessary)

Total Projected Income: \$ \_\_\_\_\_ Total Projected Expenses: \$ \_\_\_\_\_

Total Projected Donation to NSCD: \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Please retain a copy for your records. Thank you for your support of National Sports Center for the Disabled.

For more information, contact: Tera Prim, Development Director National Sports Center for the Disabled (NSCD) Email: tprim@nscd.org / Direct: 303.633.5801