



SOS Children's Village BC

SOS BC 3rd Party Event Registration Form

Thank you for your interest in designating the proceeds of your fundraising event to SOS BC. Your support will help us make a difference in the lives of foster children in our province.

SOS BC reviews all event proposals. To ensure that we fully understand your event we ask that you complete this form and return it to the address below.

Event Name: _____

Event Date(s): _____ Event Location: _____

Event Contact Person: _____ Organization: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Courier Address – If different from above: _____

We cannot deliver to PO Box addresses*

City: _____ Province: _____ Postal Code: _____

Co-leader / Backup Contact (in your absence)

Contact Name: Mr Mrs Ms Dr _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Home): _____ Telephone (Work): _____

Cell Phone: _____ Best time to reach you: _____

Facsimile: _____ E-mail: _____

Please describe your event for use on SOS BC website:

How will you raise the funds? (i.e., ticket sales, silent auction, etc.) _____

Targeted Fundraising Goal: \$ _____

How will you promote your event? _____
