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Special Events Proposal Form

Before you hold an event, the Down Syndrome Association of Greater St. Louis must approve this application.

Today's Date: _____

Name of Group/Company Planning Event: _____

Contact Name of Individual Responsible: _____

Contact Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Email Address: _____

Contact Home Phone: _____ Mobile Phone: _____

Name of Proposed Event: _____

Date and Time of Event: _____

Location of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Event is: _____ Open to the Public

_____ By Invitation Only

Ticket Price (if applicable): _____

For Publicity Purposes, a phone number that can be publicly listed: _____

Has this event taken place before? _____ Yes _____ No

If so, when (date): _____

Are there any other beneficiaries besides the DSAGSL for this event? _____ Yes _____ No

If yes, which organizations(s): _____

Does your company plan to match the amount you raise? _____ Yes _____ No

Briefly describe the event and how funds will be raised (ie. ticket sales, pledges, sponsorship, auction, raffle, etc. (Attach separate sheet if necessary): _____

How will event be publicized (ie. press releases, flyers, radio/TV, printed ads, etc.)? _____

Does your event require a license? _____ Yes _____ No

All businesses that you plan to solicit for cash or in-kind support (products or services) MUST be listed (on reverse side).

Please list all anticipated revenue and costs, even if you expect the items to be donated:

REVENUE	\$ _____
Participant Fees	\$ _____
Sponsorships	\$ _____
Pledges	\$ _____
Raffle	\$ _____
Auction	\$ _____
Other (describe):	\$ _____
Other (describe):	\$ _____
TOTAL EXPECTANT REVENUE:	\$ _____

EXPENSES	\$ _____
Venue Cost	\$ _____
Food/Beverage	\$ _____
Printing (flyers, posters, etc.)	\$ _____
Security	\$ _____
Advertising	\$ _____
Entertainment	\$ _____
License Fees	\$ _____
Prizes	\$ _____
Supplies	\$ _____
Other (describe):	\$ _____
Other (describe):	\$ _____
TOTAL EXPECTANT EXPENSES:	\$ _____

Net Revenue Expected (to DSAGSL) \$ _____

Costs to come out of: _____ Total Revenue _____
Paid by Event Organizer/Business _____

Date funds will be received by DSAGSL _____

THE ORGANIZATION SPONSORING THE EVENT ASSUMES ALL RISKS AND LIABILITIES ASSOCIATED WITH THE EVENT AND HERE-BY RELEASES AND HOLDS HARMLESS DOWN SYNDROME ASSOCIATION OF GREATER ST. LOUIS AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES, ARISING OUT OF OR WHICH MAY OCCUR IN CONJUNCTION WITH THE EVENT, INCLUDING, WITHOUT LIMITATION, ANY PERSONAL INJURIES OR DAMAGE TO PROPERTY WHICH MAY OCCURE IN CONJUNCTION WITH THE EVENT.

I _____, agree on behalf of the organization I represent that if the event I wish to coordinate is approved by the Down Syndrome Association of Greater St. Louis, we agree to abide by the Special Events Policies and Guidelines, a copy of which has been provided to me by the Down Syndrome Association of Greater St. Louis. It is also agreed that the funds raised from the event will be remitted to the Down Syndrome Association of Greater St. Louis within 45 days of the event or within alternative terms mutually agreed upon and stated below.

Representative's Signature _____ Date _____

DSAGSL Executive Director's Signature _____ Date _____