



## EVENT INTEREST FORM

### WHAT TYPE OF EVENT ARE YOU INTERESTED IN SPONSORING OR HOSTING?

FUNDRAISING EVENT    YES     NO                       CLOTHING DRIVE                      YES     NO   
FOOD DRIVE                      YES     NO                       HEALTH & HYGIENE DRIVE    YES     NO   
SHOE DRIVE                      YES     NO                       OTHER EVENT                      YES     NO

EVENT DATE: \_\_\_\_\_

IS THIS EVENT BEING SPONSORED BY AN INDIVIDUAL OR ORGANIZATION?    YES     NO

NAME OF THE EVENT SPONSOR? \_\_\_\_\_

*EVENT SPONSORS PROVIDE A \$150 MONETARY DONATION TO PUEBLO COOPERATIVE CARE CENTER PRIOR TO AN EVENT.*

IS THIS EVENT BEING HOSTED BY AN INDIVIDUAL OR ORGANIZATION?    YES     NO

NAME OF THE EVENT HOST? \_\_\_\_\_

*EVENT HOSTS DO NOT MAKE ANY MONETARY DONATION TO PUEBLO COOPERATIVE CARE CENTER PRIOR TO AN EVENT.*

### EVENT CONTACT INFORMATION

INDIVIDUAL OR ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

**Waiver and Agreement:** I/WE acknowledge that an event will not be conducted without prior approval from Pueblo Cooperative Care Center. I/WE agree that use of the Pueblo Cooperative Care Center name and logo can only be used with prior approval, and that Pueblo Cooperative Care Center will have the opportunity to view event promotional materials using its name or logo prior to an event. I/WE acknowledge that Pueblo Cooperative Care Center or its affiliates are not responsible for damages or injuries related to an event and that current regulations, laws, and zoning requirements will be followed.

**Photographic Release:** I/WE consent that films, pictures, photographs or videos that may be taken while engaged in an event for Pueblo Cooperative Care Center marketing or advertising needs. I/WE release Pueblo Cooperative Care Center from any liability in connection with the use of these materials.

YES     NO     INITIALS \_\_\_\_\_

**Information Release:** I/WE understand that all information provided to provide Pueblo Cooperative Care Center will be held in confidence and that Pueblo Cooperative Care Center and its programs may use and reproduce compiled survey results, including any information I/WE may have provided, for purposes of program evaluation, communication or publication.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please call Pueblo Cooperative Care Center at (719) 543-7484 to express your interest in sponsoring or hosting an event and email a copy of this completed form to [info@cooperativecare.org](mailto:info@cooperativecare.org). Thank you for your interest in supporting Pueblo Cooperative Care Center.