



Third Party Application Form

Information: Organization: _____

Contact Person: _____

Please check which category best describes your organization:

- Community
- Corporate
- School
- Service Club
- Other: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Event Information: Has this event taken place before? Yes No If so, when?

Proposed Event Plan: _____

Type of Event: _____

Event Date:

Location: _____

Target Audience: _____

Additional Details (raffles, promotional ideas etc.):

Thank you for your interest in raising funds in support of patient care at the Calgary Girls Choir. We will be in touch to further discuss the details of your event and how we can help you along the way. Please submit this form to:

info@calgarygirlschoir.com