

Third Party Events

Event Application

Thank you for your interest in hosting an event to benefit French Hospital Medical Center. Please submit this completed application to:

French Hospital Medical Center Foundation
1911 Johnson Avenue, San Luis Obispo, CA 93401
Samantha.Cardenas@dignityhealth.org
Phone 805.542.6496 • Fax 805.542.6264

Information About You

Date of Application: _____

Name: _____ E-mail: _____

Organization Name (if applicable): _____

Website (if applicable): _____

Please describe your organization: _____

Phone number(s): Mobile: _____ Office: _____ Home: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Information About Your Event

Event name: _____ Event date: _____

Event location(s): _____ Anticipated number of participants: _____

Event description: _____

Primary event organizer: _____

Is the event one time only or recurring? _____

Type of donation(s): Cash In-Kind Both Anticipated donation: \$ _____

French Hospital program your event will support: _____

Will proceeds from your event benefit other organization(s)? No Yes

If yes, please list: _____

Why did you choose French Hospital? _____

How can we help? _____

Anticipated date (no more than 60 days post event) for check presentation photograph: _____

Event Revenue

Please estimate the following:

Anticipated donation to French Hospital \$ _____

Contributions to other organizations \$ _____

Please indicate the date that funds
will be received by French Hospital: ____ / ____ / ____

I, _____, agree on behalf of the organization I represent that if the event I wish to coordinate is approved by French Hospital Medical Center, I agree to abide by the Third Party Events Guidelines.

Signature

Date