French Hospital Medical Center Foundation
A Dignity Health Member

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
Tracy.Timmons@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:_____

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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**