



Texas Children's Hospital
www.texaschildrenshospital.org

Texas Children's Hospital Mission

To support excellence in patient care, education and research with a commitment to quality service and cost-effective care to enhance the health and well-being of children locally, nationally and internationally.

Special Event Guidelines

These guidelines have been prepared for individuals, organizations and other groups that would like to hold an event benefiting Texas Children's Hospital. **No announcement or publicity of any proposed event may be made until the Office of Development gives its approval.**

The Office of Development has the right to approve only those events that represent the Hospital appropriately, upholding our mission and image, offering the net proceeds or an acceptable percentage of net revenue to Texas Children's Hospital. The completed Events Proposal Form must be submitted to the development office at least 30 days in advance of the event.

The use of the Texas Children's Hospital logo and name may be used only after the Office of Development has granted approval. **All printed materials and other publicity to be published with the Texas Children's logo or name must be seen and approved by an Office of Development representative prior to printing and distribution.** If approved we will provide a camera-ready logo, please do not copy it from other sources.

In naming the event, Texas Children's Hospital should not be used in the title, but as the beneficiary of the net proceeds. For example: (Event name) benefiting Texas Children's Hospital. Texas Children's reserves the right to approve any and all co-beneficiaries

If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors must be reviewed and approved by the Office of Development prior to approaching.

Hospital representation may be available for the event; however, the request must be made well in advance of the event. Determination for representation or support will be determined upon availability, date of event and past event success rate.

All net proceeds must be submitted to Texas Children's Hospital within 45 days. Funds should be made payable to and mailed to:
Texas Children's Hospital
Office of Development, MC 4-4483
P.O. Box 300630
Houston, TX 77230

Texas Children's Hospital does not release its mailing list to third party organizations.

Approval to repeat an event must be requested each year from the Office of Development.

Questions? Please contact: Laura Tramuto
832-824-6914
lmtramut@texaschildrenshospital.org



Texas Children's Hospital

www.texaschildrenshospital.org

Houston, Texas

EVENT PROPOSAL FORM

NOTE: APPLICATION MUST BE APPROVED BY TEXAS CHILDREN'S HOSPITAL PRIOR TO PUBLICIZING OR HOLDING EVENT.

Name of group or company planning event: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Daytime Phone: _____ Alternative Phone: _____ Fax: _____

Email: _____

Briefly describe your organization: _____

Name of proposed event: _____

Date: _____ Time: _____ Location: _____

Briefly describe the event: _____

Is the event: Open to the public By invitation only

Have you formed a committee to help organize this event? Yes No

If no, who will support you in your efforts? _____

Has the event taken place before? Yes No If so, when, and elaborate on your successes and lessons

learned: _____

Are there other beneficiaries besides Texas Children's Hospital? Yes No

If yes, please explain: _____

How will the funds be raised?

Raffle tickets: Yes No Amount: \$ _____ Ticket sales: Yes No Amount: \$ _____

Auction: Yes No

Sponsorships: Yes No

Amount: \$ _____

Other (Please explain): _____

Who will you solicit? Friends Clients Family Other: _____

How will you promote this event? _____

Why would you like to do a special event or promotion for Texas Children's Hospital? _____

Do you need assistance with your event from Texas Children's Hospital and, if so, what type of assistance do you need? _____

Do you need a hospital representative at your event? Yes No

Estimated total costs of event: _____ Estimated revenue of event: _____

Estimated net income of event: _____

How will expenses be paid? From proceeds By event organizer

Estimated amount to be given to Texas Children's Hospital: _____

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

Which department at Texas Children's Hospital would you like to receive the net proceeds?

AIDS Cancer Cardiology Charitable Care Child Life Newborn Center

Renal Other _____

How would you like the funds to be used?

Research Education Patient Care and Activities Other _____

I agree that Texas Children's Hospital will receive all revenues from the event within 45 days of the event.

Yes No

I agree that all publicity for the event must be approved by Texas Children's Hospital prior to being release printed, etc.? Yes No

Signature of applicant: _____ Date: _____

Print name _____

PLEASE RETURN FORM TO:

Laura Tramuto
Texas Children's Hospital
P.O. Box 300630, MC 4-4483
Houston, TX 77230
832-825-2162 (fax)
lmtramut@texaschildrenshospital.org

Your support is greatly appreciated!

For Hospital use only

Date approved: _____ Approved by: _____