



# Ele's Place Ann Arbor Third-Party Fundraising Event Application

Name of Sponsor (Person/Organization): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please briefly describe your proposed Third-Party Fundraising Event ("Fundraising Event"), including location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Fundraising Event: \_\_\_\_\_ Start/End Times: \_\_\_\_\_

How will Fundraising Event be promoted?: \_\_\_\_\_  
\_\_\_\_\_

Will Admission be charged? Y / N If yes, amount: \_\_\_\_\_ Expected # of guests: \_\_\_\_\_

How and where will tickets be sold? \_\_\_\_\_

Will the Fundraising Event benefit other organizations? Y / N If yes, please list all other organizations: \_\_\_\_\_  
\_\_\_\_\_

Are there additional ways in which funds will be raised? Y/N If yes, please describe other forms of fundraising at the Fundraising Event: \_\_\_\_\_  
\_\_\_\_\_

Percentage of gross revenue that will to be donated to Ele's Place Ann Arbor: \_\_\_\_\_  
- OR - Expected donation to Ele's Place Ann Arbor: \_\_\_\_\_

Other details you would like to include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I/We have read and signed the **Ele's Place Ann Arbor Third-Party Fundraising Event Terms Agreement**, and agree to comply with all terms included therein. (Please Initial)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Questions? Please contact Calen Conlan, Development Manager at Ele's Place Ann Arbor  
Email: cconlan@elesplace.org Phone: 734.929.6640 ext 2220

Please email your completed Application to Calen Conlan at cconlan@elesplace.org  
- OR - mail it to: Ele's Place Ann Arbor, C/O Lindsay Clark, 5665 Hines Drive, Ann Arbor, MI 48108

