



**Independent Community Event Application  
Huntsville Hospital Foundation**

Huntsville Hospital Foundation appreciates support from generous individuals, corporations and organizations in the community. Your completion of the following application will help us learn more about your event and ensure that the event and dates complement our mission, and our official fundraising events and projects.

**ORGANIZATION'S INFORMATION**

Date Submitted \_\_\_\_\_

Organization's Name / Individual's Name \_\_\_\_\_

Organization's Purpose \_\_\_\_\_  
\_\_\_\_\_

Contact Title  Mr.  Ms.  Mrs.  Miss

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EVENT INFORMATION**

Event Name \_\_\_\_\_

Event Description \_\_\_\_\_  
\_\_\_\_\_

Type of Event  Invitation Only  Open to Public

Has it taken place before?  Yes  No

Event Date \_\_\_\_\_ Event Time \_\_\_\_\_

Event Duration \_\_\_\_\_ Event Location \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



**FUNDRAISING INFORMATION**

Have you fundraised for Huntsville Hospital before?  Yes  No

Are you a 501c3 Organization?  Yes  No

If yes, please provide your 501c3 number. \_\_\_\_\_

Will you obtain any all necessary permits and licenses for your event?  Yes  No

Are there any other beneficiaries other than Huntsville Hospital, Huntsville Hospital for Women & Children or Huntsville Hospital Foundation?  Yes  No

If yes, who? \_\_\_\_\_

Name of Huntsville Hospital unit benefiting from the event:

- |  |   |
|--|---|
| <input type="checkbox"/> Where most needed                           | <input type="checkbox"/> Cardiology           |
| <input type="checkbox"/> Clicking for a Cause / Pediatric Cardiology | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Liz Hurley Breast Cancer Fund               | <input type="checkbox"/> Madison Hospital     |
| <input type="checkbox"/> Melissa George Neonatal Memorial Fund       | <input type="checkbox"/> Other _____          |

Will a corporate sponsor be involved?  Yes  No

If yes, please list potential sponsors. \_\_\_\_\_

What are the estimated gross proceeds to benefit your designated fund? \_\_\_\_\_

**PUBLICITY INFORMATION**

\*All marketing material must be approved by Huntsville Hospital foundation prior to use.

Will you need to use Huntsville Hospital Foundation's logo?  Yes  No

If yes, please explain where and how. \_\_\_\_\_

What are your publicity plans? Will they include press releases, radio/TV, printed ads, etc? Please explain. \_\_\_\_\_

Do you request support from Huntsville Hospital Foundation staff during the event?  Yes  No

If yes, please describe. \_\_\_\_\_



**AGREEMENT**

I have read the attached Independent Community Event Guidelines and agree to follow them with regards to holding the proposed event to benefit Huntsville Hospital Foundation. By publicly advertising with Huntsville Hospital Foundation as the recipient of the proceeds of this event, I agree to provide the full amount of the proceeds within 30 days of the event.

Submitted by \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

- Yes, I have attached the Event Waiver
- Yes, I have read the Independent Community Event Guidelines

**We appreciate your support in making a difference in the lives of our patients!**

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**When you have completed this form, please submit it to:**

Stephanie Hanback, Director of Community Events  
Huntsville Hospital Foundation  
101 Sivley Road  
Huntsville, AL 35801

**Questions?**

please contact Stephanie Hanback at:  
Phone: 256.265.8077  
Email: [stephanie.hanback@hhsys.org](mailto:stephanie.hanback@hhsys.org)