

**Kentucky River Child Advocacy Center (Care Cottage)
Third Party Event Registration Form**

Send completed form to: Care Cottage 465 Cedar Street, Hazard, KY 41701		
Phone: 606-487-9173	Fax: 606-487-9171	Email: pamelac@carecottage.org

Contact Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Event Name: _____

Event type (walk, care wash, athletic tournament, etc.): _____

Event Date(s): _____ Event Hours: _____

Event Location: _____

Has this event taken place before?: YES ___ NO ___ If yes, please specify date of last event: _____

Is this event open to the public?: YES ___ NO ___ Admission Fee: _____ Expected # attending: _____

Describe how the event will raise funds (ticket sales, pledges, sponsorships, auctions, etc.): _____

Estimated donations: \$ _____

Do you intend to use the Kentucky River Child Advocacy Center (Care Cottage) logo? YES ___ NO ___

The Kentucky River Child Advocacy Center (Care Cottage) requires all event materials (posters, t-shirts, etc.) that include the Kentucky River Child Advocacy Center (Care Cottage) name or logo to be reviewed and approved by The Kentucky River Child Advocacy Center (Care Cottage) before production. Please allow five (5) business days for review.

Will other charitable organizations benefit from this event? If so, please list names of these organizations and describe the extent to which they will benefit: _____

I understand that the completion of this form does not mean, and may not be construed to mean, that the proposed event has been approved by The Kentucky River Child Advocacy Center (Care Cottage). The event's sponsor must receive confirmation indicating approval of the event from The Kentucky River Child Advocacy Center (Care Cottage) before any publicity may be released. The Kentucky River Child Advocacy Center (Care Cottage) reserves the right to request additional information about a proposed event or its sponsors before considering approval of the event. The event sponsor(s) agree to indemnify and hold The Kentucky River Child Advocacy Center (Care Cottage) harmless from any claims of any nature arising from or related to, the proposed event. Furthermore, I understand that nothing in this proposal shall be construed to authorize the sponsoring organization or any representative thereof to act as an agent of The Kentucky River Child Advocacy Center (Care Cottage).

Sponsor's Signature: _____ Date: _____

ALL FUNDS RAISED FROM THIS PROPOSED EVENT MUST BE SENT WITHIN 10 DAYS OF THE EVENT TO CARE COTTAGE 465 CEDAR STREET, HAZARD, KY 41701

Approved _____	Not Approved _____	Authorized Date: _____
Authorized Signature: _____		