

# FearIsNotLove

## Application for authorization

NOTE: Applications must be approved by FearIsNotLove prior to publicizing or holding the event.

Date: \_\_\_\_\_

Name of Group/Company Planning Event: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of the Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_

Event Website: \_\_\_\_\_ Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Briefly describe the event and how funds will be raised:  Cash  Product (Gift in Kind)

How many people do you expect to attend the event? \_\_\_\_\_

Projected net cash value donated to FearIsNotLove (or value of product):

\$ \_\_\_\_\_

Is this event open to the public?  Yes  No, this is a private event.

**I have read and agree with FearIsNotLove Fundraising Event Guidelines**

\_\_\_\_\_  
**Signed** *Sponsoring Organization Rep.*

\_\_\_\_\_  
**Date**