

Atlanta Children's Shelter, Inc.
Third Party Event Form

The Atlanta Children's Shelter, a private, non-profit 501 (c)(3) organization, sincerely appreciates your interest in holding a benefit event to aid homeless children and their families.

Please provide the following information:

Organization Information

Organization Name:

Address:

Contact Name:

Phone:

Email:

Type of Business:

Event Information

Event Name:

Is it annual?

Event Description:

Date:

Hours:

Expected Attendance:

Venue / Address:

How is revenue generated?

Proceeds Information

Distribution of Proceeds: _____% to the Atlanta Children's Shelter
 _____ % to Your Organization
 _____ % to Other _____
 \$____ Event Overhead (any fees that ACS is required to pay)

Estimated Contribution: _____ Date ACS will receive contribution: _____

Requested Assistance From The Atlanta Children's Shelter

____ Please email a digital logo* for promotional use to _____

**Any place that the logo is used must be reviewed and approved by ACS before use.*

All Third Party Events must be approved by the Executive Director prior to the date of the event.

Executive Director Signature

Date