EVENT PROPOSAL FORM

[ ] Individual    [ ] Business    [ ] Organization/Group (Non-profit)

Thank you for your interest in organizing an event to benefit the Medical University of South Carolina’s Hollings Cancer Center. Please complete this proposal form for review by Hollings Cancer Center’s Special Events Office. Please return the completed form to hccevents@musc.edu or by mail to: Hollings Cancer Center, Attn: Special Events, 86 Jonathan Lucas Street, MSC 955, Charleston, SC 29425 or fax to (843) 792-4233. If you have any questions, please call us at (843) 792-1669.

PLEASE TYPE OF NEATLY PRINT ALL INFORMATION.

I. EVENT DESCRIPTION

Name of Event: ____________________________________________________________

Event Date: ________________  Event Start Time:_________________ Event Location ______________________

Event Website or Public Phone Number: ____________________________________________________________

Nature of Event (Please explain in detail):  __________________________________________________________ 
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Has this event been executed before? _______________________________________________________________

If yes, please list name of beneficiary, date of event and amount raised:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Projected Attendance: ________________________________________________________________

This event is:    [ ] Open to the public    [ ] Invitation only

Please list all businesses and individuals you plan to solicit for cash or in-kind donations (greater than $100):
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
III. CONTACT INFORMATION

Name of Sponsor (Individual/Business/Group/Organization):

Address: 

Contact Person: 

Email Address: 

Phone number: (W) (H) (Fax)

For business/group: number of years in existence: Number of employees/members 

IV. FINANCIAL INFORMATION

Projected costs: $ Projected income: $

Estimated donation to Hollings Cancer Center: 

How will proceeds from the event be given to Hollings Cancer Center?:

☐ Cash ☐ Check ☐ Other 

Expected date net proceeds will be given to Hollings Cancer Center: 

Are there other beneficiaries besides Hollings Cancer Center? ☐ Yes ☐ No 

If yes, please list. 

Please note the percentage donated to each organization 

Will the gift from the event benefit a specific area:

☐ Unrestricted Fund

☐ One of the Research Programs at HCC (please specify) 

V. PROPOSED SUPPORT FROM HOLLINGS CANCER CENTER

☐ Attendance by Hollings Cancer Center representative at event

☐ Speaker (describe) 

☐ Hollings Cancer Center Promotional Materials:

☐ HCC Banner ☐ HCC Brochures 

VI. PUBLICITY INFORMATION

Hollings Cancer Center reserves the right to review all materials that include our logo and/or name. 

Please indicate the types of promotions you plan to do for your event:

☐ Press releases sent to: 

☐ Flyers sent to: 

☐ Public service announcements (PSAs) sent to: 

☐ Other: 

I/we have read the MUSC Hollings Cancer Center Benefit Event Guidelines in full, and I/we agree to adhere to those guidelines in planning and executing our event. I/we understand that the guidelines are not comprehensive and that all decisions for the event, including safety precautions, remain the responsibility of the event sponsor. MUSC Hollings Cancer Center does not accept or assume any liability associated with event.

____________________________________  ___________________________________
Signature Date

For Administrative Use:

☐ Approved  ____________________________
              MUSC Hollings Cancer Center Staff

☐ Not Approved ____________________________
              Date

Thank you for your interest in organizing an event to benefit the Medical University of South Carolina’s Hollings Cancer Center. Please complete this proposal form for review by Hollings Cancer Center’s Special Events Office. Please return the completed form to hceevents@musc.edu or by mail to: Hollings Cancer Center, Attn: Special Events, 86 Jonathan Lucas Street, MSC 955, Charleston, SC 29425 or fax to (843) 792-4233. If you have any questions, please call us at (843) 792-1669.