

Ronald McDonald House Charities of Central Florida, Inc.

Proposed Event Form

(Please Print)

All fields must be complete for event approval. An RMHCCF representative will contact you once the proposed event has been reviewed and approved for next steps.



Event: _____

Brief Description of Event: _____

Event Website (if applicable): _____

First Time Event: Yes _____ No _____

Organization: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax: _____

E-mail: _____

Date/Time of Event: _____

Location of Event: _____

Projected Dollars and/or In-Kind Goods to be Raised/Collected for RMHCCF:

We agree that all print/video/on-line materials will be presented to RMHCCF before they are produced, printed or released: _____ Agree



Expectations of RMHCCF: _____

Submitted By: _____ Date: _____

Signature

Please Return form to: Ronald McDonald House Charities of Central Florida, Inc.
1030 N. Orange Avenue, Suite 105, Orlando, Florida 32801
Phone: 407-206-0957 x106 Fax: 407-581-0434
E-mail: sbutler@rmhccf.org