Ronald McDonald House Charities of Central Florida, Inc.
Proposed Event Form

(Please Print)

Event: _____

Brief Description of Event:_____
_____
_____

First Time Event: **Yes _____** **No _____**

Sponsor: _____

Contact Person: _____ **Title:** _____

Telephone Number: _____ **Fax:** _____ **E-mail:** _____

Date/Time of Event: _____

Location of Event: _____

_____

Projected Dollars to be Raised for RMHC: _____

Commitment of Sponsor: _____

_____

We agree that all print/video/computer materials will be presented to RMHC before it is produced or printed or released: _____Agree

Expectations of RMHC:

_____
_____

RMHC Volunteers Needed: Yes _____ **No _____**
Number of Volunteers Needed: _____

Sponsor Volunteer Contact (Please Print): _____

Telephone Number: _____ **Fax:** _____ **E-mail:** _____

Submitted by: _____ **Date:** _____
Signature

Please Return form to: **Ronald McDonald House Charities of Central Florida, Inc.**
Community Relations Committee
1350 N. Orange Avenue, Suite 200, Winter Park, Florida 32789.
Phone: 407-206-0957 Fax: 407-581-0434
E-mail: charity@rmhccf.org