



CRISISservices
this moment forward

Crisis Services' 3rd PARTY EVENT AGREEMENT

Name of Host: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Please provide the following details about your event:

Date(s): _____ Time: _____

Location (full street address, city/state/zip):

Name of Event / Type of Event:

How will you promote the event (invitations, brochures, posters, media?), and to whom (family and friends, the general public, work colleagues)?

Would you like to receive an electronic version of a logo to use on your promotional materials?

(circle one) yes no

Would you like to receive educational materials about Crisis Services to have on display at your event? (circle one) yes no

Would you like Crisis Services staff/management to be present at your event and/or address your attendees? (circle one) yes no

Why did you select the Crisis Services?

Thank you on behalf of Crisis Services for your efforts to raise funds in support of our mission. Your time and commitment are deeply appreciated!