

Third Party Event Application

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Today's Date:
Please fill out and fax to the attention of Jack Armitage: (978) 887-0659 or e-mail to jarmitage@sfnewengland.org.
Name of Group/Organization planning event
Name of individual(s) in charge of event
Mailing Address
City, State, Zip
E-mail Address
Daytime phone number
Name of Event
Date and Time of Event
Location of Event
City, State, Zip
Event is: \square open to the public \square invitation only
Ticket price: \$ Table price: \$
Has this event taken place before? ☐ Yes ☐ No If so, when?
Will the amount raised be matched? \square Yes \square No
If possible, would you like to have someone from SFNE present at your event? \square Yes \square No If yes, in what role?

Briefly describe the event and the fundraising components (ticket sales, raffle, auction, sponsors, etc.)	
(press releases, ads, PSAs, tach any samples to the	
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