



We've Got Diabetes Covered!

Event Proposal Form

Thank you for your interest in supporting Camp Kudzu. Approval is subject to several factors; Camp Kudzu may call you for additional information. Please submit this application 6 weeks prior to your event. Please call us if you have any questions.

Host Information:

Name of Individual/Organization/Company Sponsoring Proposed Event:

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Person (if applicable): _____

Phone: _____ Email: _____

Event Information:

Name/Type of Event Proposed _____

Event Date/Time _____ Location of Event _____

Brief Description of Event (additional pages may be attached):

Anticipated Revenues: _____

Anticipated Expenses: _____

Anticipated Net Proceeds: _____

Percentage or Dollar Amount of Net Proceeds to Camp Kudzu: _____

If there are beneficiaries other than Camp Kudzu, how will they benefit? _____

Sponsoring Organization requests the following from Camp Kudzu:

- Materials (brochures, newsletters)
- Camp Kudzu DVD to show at event
- Approved use of Camp Kudzu logo
- Other

Sponsoring Organization Agrees:

- Camp Kudzu will receive the event donation within 30 days of the event
- All Publicity for this proposed event must be approved by Camp Kudzu before it is printed/released

Please provide any additional information you would like for us to have:

Name: _____ Title: _____

Signature: _____ Date: _____

Camp Kudzu thanks you for proposing this special event to benefit children with type 1 diabetes. We appreciate your generous support!