



## Fundraising Event Registration Form

*Thank you for your interest in hosting a community fundraising event to benefit University Hospitals.  
For 150 years, the dedication of friends and supporters, like you, has helped to sustain and advance the UH mission -  
To Heal. To Teach. To Discover.*

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To register your event, please complete this form and submit to Jennifer Davidson at [Jennifer.Davidson2@UHhospitals.org](mailto:Jennifer.Davidson2@UHhospitals.org) or fax to 216-983-2201. **Form should be submitted at least 8 weeks prior to your event.**

### Contact Information

Event Contact Name:

Street Address:

City:

State:

Zip:

Phone:

Email:

Name of Organization  
Affiliated with the event (if  
applicable):

Is this a 501(c)  
(3) organization?

Please list the names of  
any UH staff with whom  
you are affiliated:

### Event Information

Event Name:

Event Date(s):

Start  
Time:

End  
Time:

Event Location (venue  
name & address):

Event Website:

Event Social Media  
Address(es):

Event Description (for  
Community Event  
Calendar Listing on  
[UHgiving.org](http://UHgiving.org)):

Target Audience:

Is this a new event?

If no, when was the event last held?

What inspired this event?  
Tell us your story!

### Financial Information

Estimated gross revenue  
(ie. tickets, sponsorships,  
donations, etc.):

Estimated Expenses (ie.  
rental fees, catering,  
printing, supplies, etc.)

Anticipated Donation  
(revenue minus  
expenses):

Designation of event  
proceeds (donations will  
support the area of  
greatest need within your  
chosen entity unless  
otherwise specified):

University Hospitals  
UH Rainbow Babies & Children's  
UH Seidman Cancer Center  
Other (please specify)

If another charitable  
organization will also  
benefit, please specify:

Will admission be  
charged?

If yes, how much?

Will credit cards  
be accepted?

Will you set up a  
benevolent account?

If yes, at which bank?

Please list any  
businesses that you plan  
to solicit for a gift, if  
valued at \$5,000 or more:

If the event that I wish to coordinate is approved by University Hospitals, I \_\_\_\_\_ agree to abide by UH's community event fundraising guidelines, as detailed in the Community Fundraising Events Guidebook. It is also agreed that funds raised from the event will be remitted to University Hospitals within 60 days following the event or within alternative, mutually agreed upon terms.

### Submitted by:

### Approved By:

Event Organizer (Please Print)

UH Representative Name & Title (Please Print)

Event Organizer Signature & Date

UH Representative Signature & Date