



# EVENT TOOLKIT



## Third-Party Event Registration Form

Thank you for hosting an event in support of HALO Air Ambulance! Please complete this form so we can better assist you.

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### Event Organizer Information

Organizer/Group Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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### Event Details

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Type of Event (e.g., BBQ, auction, tournament): \_\_\_\_\_

Brief Event Description:

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Estimated Number of Attendees: \_\_\_\_\_

Fundraising Goal: \$\_\_\_\_\_

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## Support Needed from HALO (check all that apply)

- ☐ HALO Logo and Branding Materials
  - ☐ HALO Informational Brochures
  - ☐ Event Promotion on Social Media (at HALO's discretion)
  - ☐ HALO Representative/Spokesperson (subject to availability)
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## Financial Details

### Donations will be made payable directly to HALO

☐ Yes

- Will there be other fundraising elements (e.g., auctions, raffles)?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

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## Terms & Conditions

By submitting this form, I agree to the following:

1. I will conduct the event in a manner that respects HALO Air Ambulance's mission and values.
2. I understand that HALO cannot assume responsibility for any aspect of my event, including financial expenses, insurance, or liabilities.
3. I will submit proceeds to HALO Air Ambulance within 30 days of the event.
4. I will not use HALO's name or logo without prior approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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