Special Events Form

Please complete and return this form to CAN at least five weeks prior to proposed event.

Date Form Completed: ________________________________________________

Event Name: ________________________________________________________

Event Date(s): _______________________________________________________

Event Description: __________________________________________________
____________________________________________________________________
____________________________________________________________________

Desired Event Location: ______________________________________________

Describe how CAN’s logo and information will be displayed, used and/or advertised:
____________________________________________________________________
____________________________________________________________________

What are the expectations of CAN and its staff? Does a CAN representative need to be present at the event?
____________________________________________________________________

____________________________________________________________________

What is your fundraising goal for this event? $________________________
What amount do you anticipate donating to CAN? $_______________________

Contact Name: _________________________ Address: ______________________

Phone Number: ________________________ Alternate Phone: ________________

E-mail: ______________________________ Fax: _____________________________

Please return this form to: CAN Development Department
2829 S. Sheridan Road, Tulsa, OK 74129
918.624.0223 (fax) or via email to events@childabusenetwork.org

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FOR OFFICE USE ONLY

Recommendation: ______________ Date Received: ___________
Date Organization Notified: __________

Revised: July 2014