



Special Events Form

child abuse network

Stop the hurt. Begin the healing.

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

FOR OFFICE USE ONLY

Recommendation: _____
Date Organization Notified: _____

Date Received: _____

Revised: July 2014