

Affiliate Special Event Application Form



Please complete and submit this application and the Affiliate Special Events Budget Form to MCF no later than 10 weeks before your event. The application must be approved before your affiliate generates any event materials. You can type your responses directly on this form, save and send electronically. Should you have any questions, please contact Jenifer Gursky at jeniferg@mtcf.org or 406-444-4953.

Date: _____ Fund Representative: _____

Affiliate Name: _____

Proposed Name of Event: _____

Date of Event: _____ Address of Event: _____

Brief Description of Event: _____

Contact Persons: *(Please include all that serve on the event committee)*

Name	Phone	Email
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Details of the Event: *(Note – the items indicated here should match those items reported on the Affiliate Special Event Budget Form)*

Estimated Number of Attendees: _____ Special Event Fundraising Goal: _____

Estimated Price of Event Ticket: _____

Type of activities to be held at event: *(check all that apply)*

____ Dinner / Meal

____ Raffle

____ Program / Entertainment

____ Live Auction

____ Sporting event: *(i.e. golf tournament, walk-a-thon, fun-run, etc.)*

(i.e. speaker, band, tour) (i.e. golf tournament, walk-a-thon, etc)

____ Liquor/Wine/Beer

____ Other activities *(describe below)*

____ Silent Auction

Please describe any other fundraising activities: _____

Note: Gambling activities (raffles) are governed by a separate code in Montana Law. Please contact MCF if a raffle is taking place or an auction item exceeds a value of \$600.

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Does any individual expect to gain monetarily from conducting this event? Yes _____ No _____

Have you contracted with a licensed caterer / restaurant to serve food? Yes _____ No _____

Does the contracted caterer/restaurant have a license to serve beer & wine? Yes _____ No _____

Do you plan on serving liquor? Yes _____ No _____

Do you have a licensed server? Yes _____ No _____

Food Provider/Restaurant/Caterer:

Name: _____ Phone: _____

Does this contractor have an insurance policy that will cover your event? Yes _____ No _____

Do you plan on inviting/soliciting sponsors for your event? Yes _____ No _____

Do you plan on using MCF's e-ticket platform? Yes _____ No _____

I (we) agree to use all disclosures as outlined by the MCF Affiliate Manual and the Fundraising Manual, to review all printed and promotional material with MCF staff before distribution, and to submit detailed donor records with all event proceeds and invoices. I (we) also understand that MCF may choose to charge fees based on the affiliate's compliance with special event procedures and scale of event. In addition, I (we) understand that in some cases, MCF may terminate an event for failure to comply with outline special event procedures.

Committee Chair and/or Fund Representative Initial here: _____

Fund Representative Signature: _____ Date: _____

Fund Representative Printed: _____ Date: _____

Chair of Special Event Committee Signature: _____ Date: _____

Chair of Special Event Committee Printed: _____ Date: _____

MCF Internal Use Only:

Scheduled SE Meeting Date: _____

Fee Collected/Transferred Date: _____

Procedure Compliant? Yes _____ No _____

Event approved: Yes _____ No _____

LCF Program Director Signature

Date

Notes: