



Event Notification Form

Thank you for choosing to support Harris HospisCare in this way. Please complete this form and return to Christine Davies at the address below.

Name and Address of Main Organiser

Title: Mr/Mrs/Miss/Ms Other:.....

First name Surname

Organisation (if applicable):

Address:

.....

..... Post Code:

Daytime phone number

e-mail

Event Details

Name of event:

Date of event: Time of event:

Location of event:

Price of ticket/entry:

How many people do you expect to take part in the event?

Process for obtaining tickets: (please tick)

- From you
- From Fundraising
- Other

Support from Harris HospisCare Fundraising Team

If you require any of the following please indicate the number needed and let us know when you need these.

- A4 posters number required
- Flyers number required
- Tickets number required
- Collecting buckets/tins number required
- Banner number required
- T-shirts number required
- Balloons number required
- Sponsorship forms number required

Items are subject to availability and must be returned as soon as possible after the event.

NB – Often event organisers request that someone from Harris HospisCare attend their events. If requested we will always do our best to send a representative but please do bear in mind that we do not always have the Staff or Trustees available and there is a cost implication to the hospice. However, we will always do our best to support people who are kind enough to give up their precious time to fundraise for us

Helpful Hints

If you are holding an event you will need to ensure that it is safe. Harris HospisCare has public liability insurance, and if you are holding an event in our name this should cover you **but only if you have eliminated all obvious risks and carried out a risk assessment.**

Please read our 'Organising An Event – Fundraisers Guide' and www.hse.gov.uk for more information.

Have you checked whether you need a licence to run this event? *Please check with the local authority or the police or www.how2fundraise.com*

- Alcohol licence
- Entertainment licence
- Collection permit

Please consider informing the local press as they are always interested in locally led events.

Responsibility Agreement

At Harris HospisCare we are very conscious of Health and Safety and of what the public expect from us as a professional, caring organization. Please ensure you read the following carefully and sign to indicate you have understood.

I agree to take full responsibility for the above event, to adhere to any relevant health and safety regulations and to respect Harris HospisCare at all times. I agree to keep harris HospisCare informed of what I am doing and to submit any funds raised within 1 month of the event if possible (2 months if a sponsored event). I also agree to inform the press and/or relevant authorities (i.e. local town or district council) should this be necessary. I am aware that Harris HospisCare cannot underwrite any costs involved.

NAME: (please PRINT)

SIGNED:

ORGANISATION (if applicable):

DATE:

Please return to: Christine Davies, Harris HospisCare, FREEPOST SEA8742, Orpington, Kent BR6 9BR

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