



Marian Regional Medical Center Foundation

A Dignity Health Member

Special Event Application

Thank you for your interest in hosting an event to benefit Marian Regional Medical Center. Please submit this completed application to:

Marian Regional Medical Center Foundation
1400 East Church Street, Santa Maria, CA 93454
Phone 805.739.3595 • Fax 805.739.3599

Date: _____

Information About You

Name: _____ E-mail: _____

Organization's name (if applicable): _____

Website (if applicable): _____

Please describe your organization: _____

Phone number(s): Mobile: _____ Office: _____ Home: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Information About Your Event

Event name: _____ Event date: _____

Event location(s): _____ Anticipated number of participants: _____

Event description: _____

Primary event organizer: _____

Is the event one time only or recurring? _____

Type of donation(s): Cash In-Kind Both Anticipated donation: \$ _____

Marian program your event will support: _____

Will proceeds from your event benefit other organization(s)? No Yes

If yes, please list: _____

Why did you choose Marian Regional Medical Center? _____

How can we help? _____

Anticipated date (no more than 60 days post event) for check presentation photograph: _____

(See reverse)

Event Budget

Please estimate:

Revenue

Ticket sales \$ _____

Sponsorships \$ _____

Gross anticipated revenue \$ _____

Expenses

Food/beverage \$ _____

Printing (tickets, posters, etc.) \$ _____

Advertising \$ _____

Entertainment \$ _____

License fees \$ _____

Prizes \$ _____

Supplies \$ _____

Other \$ _____

Gross anticipated expenses \$ _____

Net revenue (to Marian) \$ _____

Contributions to other organizations \$ _____

Please indicate the date that funds
will be received by Marian: _____/_____/_____

I, _____, agree on behalf of the
organization I represent that if the event I wish to coordinate is
approved by Marian Regional Medical Center, I agree to abide
by the Beneficiary Special Events Guidelines.

Event Organizer's Signature

Date