



**Texas Children's Hospital**  
www.texaschildrenshospital.org

### **Texas Children's Hospital Mission**

To support excellence in patient care, education and research with a commitment to quality service and cost-effective care to enhance the health and well-being of children locally, nationally and internationally.

## **Special Event Guidelines**

These guidelines have been prepared for individuals, organizations and other groups that would like to hold an event benefiting Texas Children's Hospital. **No announcement or publicity of any proposed event may be made until the Office of Development gives its approval.**

The Office of Development has the right to approve those events that represent the Hospital appropriately, uphold our mission and image, offer net proceeds or an acceptable percentage of net revenue to Texas Children's Hospital. The completed Events Proposal Form must be submitted to the Office of Development at least 30 days in advance of the event for timely consideration.

The use of the Texas Children's Hospital logo and name may be used only after the Office of Development has granted approval. **All printed materials and other publicity to be published with the Texas Children's logo or name must be submitted for review and approval by an authorized Office of Development representative prior to printing and distribution.** If approved, the Office of Development will provide a camera-ready logo. Please do not copy the logo from other sources.

In naming the event, Texas Children's Hospital should be used as the beneficiary of the net proceeds. For example: (Event name) benefiting Texas Children's Hospital. Texas Children's Hospital reserves the right to approve any and all co-beneficiaries. In addition, the State of Texas Attorney General's Office allows only two raffles per year to be held in a non-profit's name. Because of this restriction, we ask that you not hold raffles in the name of Texas Children's Hospital. However, silent auctions, live auctions, and door prizes are acceptable.

If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors must be reviewed and approved by the Office of Development prior to approaching such sponsors.

Hospital representation may be available for the event; however, the request should be made well in advance of the event. Determination for representation or support will be determined upon availability, date of event and past event success rate.

All net proceeds must be submitted to Texas Children's Hospital within 45 days. Funds should be made payable to and mailed to:

Texas Children's Cancer and Hematology Centers  
Office of Development  
6701 Fannin St., Ste. 1510  
Houston, TX 77030

Texas Children's Hospital does not release its mailing list to third party organizations.

Approval to repeat an event must be requested each year from the Office of Development.

Questions? Please contact: Lisa McCoy  
832-822-4725, [lkmccoy@txch.org](mailto:lkmccoy@txch.org), <http://txch.org>



**Texas Children's Hospital**  
www.texaschildrenshospital.org  
Houston, Texas

**EVENT PROPOSAL FORM**

**NOTE: APPLICATION MUST BE APPROVED BY TEXAS CHILDREN'S HOSPITAL PRIOR TO PUBLICIZING OR HOLDING EVENT.**

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Name of group or company planning event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe your organization: \_\_\_\_\_

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Name of proposed event: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Briefly describe the event: \_\_\_\_\_

Is the event:  Open to the public  By invitation only

Have you formed a committee to help organize this event?  Yes  No

If no, who will support you in your efforts? \_\_\_\_\_

Has the event taken place before?  Yes  No If so, when, and elaborate on your successes and lessons

learned: \_\_\_\_\_

Are there other beneficiaries besides Texas Children's Hospital?  Yes  No

If yes, please explain: \_\_\_\_\_

How will the funds be raised?

Ticket sales:  Yes  No Amount:\$ \_\_\_\_\_

Auction:  Yes  No

Sponsorships:  Yes  No Amount:\$ \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

Who will you solicit?  Friends  Clients  Family  Other: \_\_\_\_\_

How will you promote this event? \_\_\_\_\_

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Why would you like to do a special event or promotion for Texas Children's Hospital? \_\_\_\_\_

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Estimated total costs of event: \_\_\_\_\_ Estimated revenue of event: \_\_\_\_\_

Estimated net income of event: \_\_\_\_\_

How will expenses be paid?  From proceeds  By event organizer

Estimated amount to be given to Texas Children's Hospital: \_\_\_\_\_

Does your company plan to match the amount you raise?  Yes  No

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I agree that Texas Children's Hospital will receive all revenues from the event within 45 days of the event.

Yes  No

I agree that all publicity for the event must be approved by Texas Children's Hospital prior to being released, printed, etc.?

Yes  No

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

PLEASE RETURN FORM TO:

Lisa McCoy  
Texas Children's Cancer and Hematology Centers  
6701 Fannin St., Ste. 1510  
Houston, TX 77030  
832-825-1449 (fax)  
lkherefo@txch.org  
<http://txch.org>

**Your support is greatly appreciated!**

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For Hospital use only

Date approved: \_\_\_\_\_ Approved by: \_\_\_\_\_