



### Third-Party Event Planning Form

#### **Description of the Event**

Title of Event: \_\_\_\_\_

Date and Time Event: \_\_\_\_\_

Event site & address: \_\_\_\_\_

Has this event been held before? \_\_\_\_Yes \_\_\_\_No

Expected number of attendees: \_\_\_\_\_

Mobile Adoption Center (MAC) requested at event: \_\_\_\_Yes \_\_\_\_No

Brief description of event:

\_\_\_\_\_  
\_\_\_\_\_

How will this event benefit HSSC?

\_\_\_\_\_  
\_\_\_\_\_

Anticipated Funds Raised Amount: \_\_\_\_\_

How will the event be promoted?

\_\_\_\_\_

Will HSSC be included in the promotions, if so, how?

\_\_\_\_\_

#### **Contact Information**

Name of sponsoring/hosting individual, company, or organization: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Company Website: \_\_\_\_\_

\_\_\_\_\_  
**Contact Person Signature**

\_\_\_\_\_  
**Application Date**

*We are grateful for your desire to help the Humane Society of Summit County. Thank you on behalf of all our animals.*



HSSC Internal Use Only

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Response date to requester: \_\_\_\_\_

Response completed by: \_\_\_\_\_

MAC Requested: \_\_\_\_Yes \_\_\_\_No      MAC Team Available: \_\_\_\_Yes \_\_\_\_No

Will HSSC participate: \_\_\_\_Yes \_\_\_\_No: Why? \_\_\_\_\_

On Calendar with appropriate teams included: \_\_\_\_Yes \_\_\_\_No

Please return to:

Michelle Kane, Event Coordinator

[mkane@summithumane.org](mailto:mkane@summithumane.org)

Ph: 234.264.5043

752 West Portage Trail, Akron, OH 44313