



The Children's Hospital
Foundation

For internal use only

Application Date: _____

Approved: _____

Master Calendar: _____

The Children's Hospital Foundation

Fundraising Event Approval Form

Event Name: _____

Event Date(s): _____

Event Time(s): _____

Event Location: _____

**Thank you for your interest in supporting Children's Miracle Network at The Children's Hospital.
Filling out this application will allow us to help you develop the best event possible!**

CONTACT INFORMATION

Name: _____

Title: _____

Company/Organization: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: (____) _____ Fax: (____) _____ Email _____

EVENT OVERVIEW

Why do you want to support Children's Miracle Network?

Please provide a brief description of your fundraising event (Attach another sheet if necessary):

Funds raised will be:

Unrestricted to support the hospital's greatest needs to ensure the best minds, hands, & hearts to serve our community

Restricted (please select from our other priority needs)

Research Cardiac Oncology Neurosciences Orthopaedics

Other Comments: _____

EVENT LOGISTICS (Please check YES or NO and provide additional information)

Will any alcoholic beverages be served? No Yes, please explain _____

Is insurance required for this event? No Yes

Have you obtained insurance? No Yes – if yes, please circle one Property / Liability / Both

List the name of insurance company _____

Please check with TCHF to determine whether we need to be listed as an additional insured.

Have you obtained the proper permits and licenses that pertain to your event? Please list the permits you have acquired and the permits you are still working on (if applicable): _____

How often will this event occur Annually Single Event On-going Other – explain _____

How long have you put on these benefits? First Year # of Years _____

Will this event also benefit another organization? No Yes – provide name(s) _____

Will this event have a planning committee? No Yes – please list name(s) _____

REVENUE / BUDGET (if you have a budget for the event, please send us a copy: if not, please estimate)

Anticipated Revenues \$ _____ Anticipated Expenses \$ _____

% of net proceeds to be donated to TCH 100% or _____ % if less than 100% please explain _____

Please check and explain major source of funds (**any proposed raffle will need to be discussed in detail with TCHF**):

Admission Auctions Donations Sale Pledges Raffle / Door Prize Other _____

MARKETING / PROMOTIONS

Are there sponsors tied to this event (i.e. corporate, media partners, etc.)? No Yes – please list _____

Public/Media Outreach (please check and list all that apply):

Public Relations Advertising Radio T.V. Print Outdoor Flyers Mailers Web site

Other - please list and explain _____

LOGO USAGE:

Will you need to use the Children’s Miracle Network Logo? No Yes

Will you need to use the Benefiting The Children’s Hospital Logo? No Yes

(Please check and list all logo usage that apply):

Flyers Programs Website Event signage Invitations Postcards Other _____

LOGO USAGE AGREEMENT: Please read the “Using The Children’s Hospital/Children’s Miracle Network name and logo” document attached at the bottom of this form. If you agree to comply with our brand guidelines, please check and sign below:

TCH / TCHF INVOLVEMENT

Do you require assistance from TCH or TCHF staff? No Yes – in what capacity?

Once the application is completed, please email, mail or fax to:

The Children’s Hospital Foundation
Attn: Monique Bronner
13123 East 16th Ave, Box 045
Aurora, CO 80045
720.777.1799 (fax) mbronner@tchfden.org

Someone will be in contact with you after your application has been submitted to our approval committee.

Please read the following and keep a copy for your records

Children's Miracle Network (CMN), The Children's Hospital (TCH) and The Children's Hospital Foundation (TCHF) are pleased to be selected as the beneficiary of financial support from special fundraising programs, events or projects by generous individuals, groups and organizations.

In order to ensure that all proposed fundraising events or appeals are registered and authorized, we require:

1. Completion and return of this approval form for review and consideration of authorization to conduct any event or appeal to the general public. This should be submitted a minimum of 60 days prior to the date of the event.
2. Use of the name Children's Miracle Network and/or The Children's Hospital, logo or any other term implying endorsement by or support of TCH is not authorized except by specific approval by TCHF. All uses of The Children's Hospital name and logo on printed and electronic collateral, advertising or other event promotional material must be approved in advance of production by TCHF and must comply with The Children's Hospital Usage and Brand Standards.
3. No conflict with government regulations or licensing.
4. No commercialism which would reflect poorly on CMN or TCH.
5. No exploitation of children or families utilizing TCH, including but not limited to photographs of children.
6. Advance authorization is required for any reproduction of logo or name prior to printing or release to news media.
7. Event sponsor understands that CMN and TCH assumes no responsibility for promoting the event or effort.
8. Event sponsor agrees to obtain all required permits or licenses.
9. Event sponsor / organizer / organization holding an event intended to benefit TCH agrees to indemnify, refund and hold CMN, TCH and TCHF harmless against and in respect of any and all claims, demands, losses, costs, expenses, obligations, liabilities damages, recoveries and deficiencies, including interests, penalties and reasonable attorney's fees that shall be incurred or suffered by TCH and TCHF which arise, result from or relate to applicant's fundraising event or fundraising program, applicant's performance of its agreement as specified in these guidelines and the Fundraising Event Approval Form.
10. If a professional fundraiser or promotions person is hired to coordinate a special event that benefits The Children's Hospital, The Children's Hospital Foundation will be notified immediately. We do hereby agree to adhere to all federal, local and state laws and assure that compensation to any professional fundraisers or promoters shall not be based on commission or percentage of monies raised.
11. Additionally, we agree to submit the name of any businesses to be solicited for support, in advance, to The Children's Hospital Foundation so that conflicts with sponsors and donors who may already be involved with other fundraising efforts benefiting the Hospital can be avoided.
12. With ninety (90) days of the completion of the scheduled event, all net proceeds will be delivered to Children's Miracle Network at The Children's Hospital Foundation, 13123 East 16th Avenue, Box 045 Aurora, Colorado 80045.



Using Our Name and Logos

All materials that use the name Children's Miracle Network and/or The Children's Hospital and/or our logo must be approved by The Children's Hospital Foundation prior to printing/use to make sure the pieces adhere to our brand guidelines.

Our Marketing department has created detailed branding guidelines and has asked our support in adhering to them.

Get your piece approved

We ask that you have The Children's Hospital Foundation staff approve all uses of The Children's Hospital name and logo before any piece of collateral material is printed or published. This includes the use of the logo on or in the following:

- Ads
- Signage
- Brochure
- Invitations
- Save-the-date cards
- Table tents
- Nametags
- Email
- Websites

Please email your collateral to Monique Bronner at mbronner@tchfden.org.

We can receive files up to about 5 MB. A service like yousendit.com works for sending larger files. Approval takes approximately 2 business days.

It's "The Children's Hospital" NOT "Children's Hospital"

The official name of The Children's Hospital includes the word "The," which is ALWAYS capitalized. In text, you may use Children's on second reference. The full name Children's Miracle Network should always be used, NOT "CMN" or "Miracle Network".

Don't change the logo we send you

The elements of the Children's Miracle Network and The Children's Hospital's logos mark and word mark have been specially designed, typeset, spaced and kerned.

- Keep the logo as provided in the image file we give you.
- Keep the Balloon Boy/Miracle Balloon and the tagline together and do not alter either.
- You may size the logo to fit your space, but be sure to keep it in its current proportion—don't stretch or distort it.

Maintain clear space around the logo

The most common mistake we see is making the logo so large that there is not enough white space around it! The brand standards require a clear space equal to half the height of Balloon Boy around the entire logo, including the words. See the example below. We suggest you measure the space around the logo after you have placed it.

Lastly, display the logo against a solid background

The brand standards first preference is that you place The Children's Hospital logo on a white background.

You may also place the logo on blocks of solid color.

Do not place the logo on a patterned or busy background.



The Children’s Miracle Network logo is only used properly when reproduced in the specified Pantone colors, as shown, or in solid black or white. The logo should not be reproduced in any other solid color, except for apparel applications, where a “tone-on-tone” application is acceptable (see below). The logo should not be reformatted in any way. Using the balloon alone or without the words “Children’s Miracle Network” in any other combination is also improper.



Logo sizing should always be appropriate for the specified use. In cases where the logo is paired with one or more co-branded logos, there are additional considerations. The Children's Miracle Network logo itself holds up very well at smaller sizes; however, taglines or other text may become illegible. Use caution when scaling down Children’s Miracle Network logos.

Minimum Size with Tagline = 1 inch

Minimum Size without Tagline = 3/8 inch



The diagram below illustrates the minimum amount of white space surrounding the logo. To ensure consistency, space is calculated in “X” spaces. The clear space around the logo (“X”) is relative to the height of the capital “C” in the word “Children” in the logo. The clear space can be bigger than the “X” space, but never smaller. Children’s Miracle Network’s logo should always be surrounded by at least one “X” space.

