



Third-Party Event Application

Today's Date: _____

Contact Information

Name of Presenting Organization or Individual: _____

Address: _____

City, State, Zip: _____

Contact Name (if different than above): _____

Email: _____ Phone: _____

Event Information

Event Name: _____

Event Description: _____

Event Date(s): _____ Event Hours: _____

Event Location: _____

Number of expected attendees: _____

Budget Information

Projected Income: _____

Please describe how funds will be raised (admission, silent auction, etc.): _____

Will other charitable organizations benefit from this event? If so, please name and describe the extent to which these groups will benefit:



Marketing Plan

Please describe your publicity plan (brochures, print/radio/TV advertising, invitations, etc.):

Other Information

Please list any type of staff assistance or promotional materials requested from the Humane Society of Indianapolis for this event: *[Please note that the Humane Society is unable to provide financial assistance for hosting the event and is not responsible for any expenses that may be incurred by third-party event organizers].*

I have read and understand IndyHumane’s Third-Party Event Policy.

Signature: _____ Date: _____

Thank you for your interest in supporting IndyHumane!
Please return completed form to:
Humane Society of Indianapolis
Development Department
7929 N. Michigan Rd.
Indianapolis, IN 46268
317-872-5650 x 121
events@indyhumane.org