



**Internal Use**

Date Received:  
Approved: Yes No  
Date Notified:

## Louie's Kids Foundation Fundraiser Request

\_\_\_\_\_  
Name of sponsoring organization or individual

\_\_\_\_\_  
Contact person

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

### Event Information

\_\_\_\_\_  
Name of Event

\_\_\_\_\_  
Date & Time / Location

Description of Event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of raising funds, including fees charged:  
\_\_\_\_\_  
\_\_\_\_\_

Fundraising goal:

Is Louie's Kids the sole beneficiary of this event? Yes  No  If No, please list the other beneficiaries:  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to pay an individual or organization to help plan, manage or conduct the event or to solicit contributions? Yes  No  If Yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of any organization with whom you will have any contract or agreement in relation to the event, including sponsors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Louie's Kids will provide you with a list of our major sponsors. We ask that you do not approach any of them for sponsorship without first discussing with us.*



Will you be advertising or publicizing this event? Yes  No  If so, who will be handling these tasks? Please describe:

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Note: Louie's Kids must approve any promotional material including our Louie's Kids names or logos

Do you have a media sponsor? If so, who?

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Who is your target audience?

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Estimated attendance: \_\_\_\_\_ Is a *Special Event Liquor License* required for your event? Yes  No  (*Please attach approvals by local authorities and evidence of insurance. Your organization must indemnify and hold harmless Louie's Kids from and against any liability, claims, damages or expenses due to or arising from the event.*)

Are you holding a raffle or an auction as part of your event? Yes  No

What are your expectations of Louie's Kids (Staff representation at the event, promotional materials, etc.):

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Note: We will do our best to accommodate staff representation if requested but cannot guarantee attendance.

What materials would you like from Louie's Kids?

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Will you require/like other support from Louie's Kids? Yes  No  If Yes, please explain:

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### Use of Funds Suggestion

Please indicate your desired designation for the donated funds: Programs  Running Clinics   
Clinical Counseling  Greatest Need  Other: \_\_\_\_\_

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### Financial Information

Please estimate Total Proceeds: \_\_\_\_\_ Total Expenses: \_\_\_\_\_ Anticipated net proceeds: \_\_\_\_\_  
Amount/percentage of net proceeds given to Louie's Kids: \_\_\_\_\_ (You are not liable for amount listed)  
Anticipated date of your donation: \_\_\_\_\_

I agree that the information provided in this document is accurate and further agree to the terms set forth in the Louie's Kids Guidelines document.

Signature/Date

Thank you for your interest in supporting Louie's Kids in our mission to fight childhood obesity. Please return completed form to Ashley Gunnin / Louie's Kids PO Box 21291, Charleston, SC 29413, [ashley@louieskids.org](mailto:ashley@louieskids.org) or fax to 800.598.6740.

You will be notified within ten (10) days of receipt of the application. Please be aware that further clarification may be needed prior to approval.