



a youth service program in support of
healthy mothers. healthy babies coalition of broward county, inc.

SPECIAL EVENT PROPOSAL AND LICENSE AGREEMENT FOR YOUTH PROJECT

Event Information

Organization: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of Contact: _____

Daytime Phone: _____ Alternate Phone: _____

Event Name: _____

Event Date(s): _____

Event Location(s): _____

Briefly describe the event: _____

What participation/ resources, if any, do you request from Healthy Mothers, Healthy Babies of Broward? _____

Do you plan on publicizing the event? _____

If yes, how/where? _____

(Please note that all publicity mentioning Healthy Mothers, Healthy Babies of Broward is subject to prior written approval.)

Budget Information

Will admission fee be charged? _____

If yes, how much? \$ _____

What % or amount of the fee will Healthy Mothers, Healthy Babies of Broward receive? _____

Will the event generate other types of revenue or products? _____

If yes, what % or amount of that revenue will Healthy Mothers, Healthy Babies receive? _____

Anticipated total revenue: _____

Anticipated total expenses: _____

Anticipated total donation to Healthy Mothers, Healthy Babies of Broward: _____



Healthy Mothers, Healthy Babies
Coalition of Broward County, Inc
PO Box 350446
Fort Lauderdale, FL 33315
Phone: (954) 765-0550 Fax: (954) 765-1088
www.hmhbroward.org



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WE ARE GRATEFUL TO YOU FOR PROPOSING THIS EVENT TO BENEFIT HEALTHY MOTHERS, HEALTHY BABIES COALITION OF BROWARD COUNTY, INC. WE HOPE YOUR EVENT IS A SUCCESS AND YOU ENJOY THE BENEFITS OF COMMUNITY SERVICE!

Proposed by:

Approved by:

Signature of authorized representative

Signature of authorized representative of HMHB of Broward

Print name

Print name

Title

Title

Date

Date



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