BENEFIT EVENT APPLICATION

Thank you for your interest in hosting an event for AIDS Services of Austin (ASA).
Please provide us with the following information below, so that we have a record of your event and may be aware of your specific needs. Please complete application and email to **Scott Dinger at scott.dinger@asaustin.org or fax to 512-452-3299**. Thank you.

As an independent fundraising event, it is understood that the planning and implementation of the event are the sole responsibility of the host and AIDS Services of Austin shall not be held responsible for any liability in connection with the fundraising event.

EVENT DETAILS

Event Name & Details: _____

_____

Date: _____ **Time:** _____

Location: _____

Admission Price: _____ **Expected number of attendees:** _____

Percentage of proceeds to benefit ASA: _____

CONTACT INFORMATION

Contact Name: _____

Name & Type of Business (if applicable): _____

_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Number: _____ **Contact Email :** _____

Have you previously hosted and/or participated in an ASA event? _____

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If you have previously **hosted** a benefit for ASA, please tell us the name of the event and the date the event occurred.

EVENT NAME: _____ DATE OF EVENT: _____

EVENT NAME: _____ DATE OF EVENT: _____

Number of years involved with ASA: _____

If there are additional event hosts or organizers, please provide names, addresses and other contact information so that ASA may thank them appropriately.

ASA INVOLVEMENT

Are you requesting ASA representation at the event? _____

Are you requesting an ASA speaker at the event? _____

What assistance do you need from ASA? Please be specific (e.g. volunteer provision, pre-event publicity, agency literature, etc.)

_____

THE FOLLOWING IS REQUIRED [ASA GUIDELINES & LOGO USAGE]

- **ALL promotional material and event collateral must be approved by ASA's Development Department BEFORE distribution.**
- **Use of the ASA logo must conform to agency logo standards.**
- The event organizer is responsible for ensuring ASA receives proceeds from the event. Money may be mailed to ASA, ATTN: Betty Mitchell, P.O. Box 4874, Austin, Texas, 78765. Money may also be delivered to our office at 7215 Cameron Road, Monday through Friday, from 8:30 a.m. until 5:30 p.m. ***Payment must be received no later than one week after the event***. *–Thank you.*

ASA STAFF USE ONLY

Approved by: _____ Date: _____

Contract Agreed Upon: _____

Save the Date Sent: _____

Other Notes regarding this event: _____

_____

ASA Logo and graphic standards e-mailed to: _____ Date:_____