



RETURN THIS FORM TO:

Fax:
570-587-4676

Email:
aprilkemp@marleysmission.com

Mail:
Marley's Mission
Attn: Events
PO Box 505
Scranton, PA, 18501

Marley's Mission Event Engagement Confirmation Form

- Date/Time of Event: _____
- What type of Event? (raffle, sports, special activity, etc.) _____
- How long will the event last? _____
- Would you like the Program Director or members of the Board of Directors to attend the event?
Yes / No

If yes, do you want them to speak or provide a presentation? Explain:

- Do you need Marley's Mission to provide marketing material for our organization? Yes / No.

If yes, when do you need the material? _____
- Would you like volunteers from Marley's Mission to assist at the event? Yes / No

If yes:
How many volunteers? _____
What date/times? _____
What types of duties will Marley's Mission volunteers be performing?

- Do you expect Marley's Mission to seek financial contributions for the event (i.e., aside from an attendance fee/ cover charge)?

- What percentage of the proceeds raised from the event will be given to Marley's Mission?

- Do you wish to use the Marley's Mission logo to advertise the event? Yes / No
(If yes, all advertising and marketing must be approved by Marley's Mission.)

- Is there anything else Marley's Mission should know about this event?

Indicate the event contact person for your organization or program:

Name:

Address:

Phone:

Email:

Signed: (electronic signature or hard copy)

Date: