

**DALLAS CASA  
EVENT REQUEST FORM**

**CONTACT INFORMATION**

Event Chairperson: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_)\_\_\_\_\_ Evening (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_  
E-mail: \_\_\_\_\_

**EVENT INFORMATION**

Name of Event: \_\_\_\_\_  
Date of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_  
Repeat Event: \_\_\_\_\_ Location: \_\_\_\_\_  
Type of Event: (please describe in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Audience (Please describe interest groups, geographic location): \_\_\_\_\_  
\_\_\_\_\_  
Projected Attendance: \_\_\_\_\_

**SPONSORSHIP INFORMATION**

Name of Sponsors: \_\_\_\_\_  
Amount of Sponsorship: \_\_\_\_\_  
References for Past Events:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**MARKETING INFORMATION**

Dallas CASA must review IN ADVANCE all materials which include our name and logo. Please check the types of promotional materials which will be used for your event:

Press Release: \_\_\_\_\_ Promotional Flyers: \_\_\_\_\_ Radio PSA's: \_\_\_\_\_  
T.V. PSA's: \_\_\_\_\_ Posters: \_\_\_\_\_ Canisters: \_\_\_\_\_  
Internet \_\_\_\_\_ Other (please describe) \_\_\_\_\_

**BUDGET**

**Costs Projected for Event**

Mailing: \$ \_\_\_\_\_  
Printing: \_\_\_\_\_  
Gifts: \_\_\_\_\_  
Catering: \_\_\_\_\_  
Physical Plan \_\_\_\_\_  
Miscellaneous: \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

**Income Projected for Event**

Admission: # of Attendees \_\_\_x\$\_\_\_ = \_\_\_\_\_  
Pledges: \_\_\_\_\_  
Sponsorships: \_\_\_\_\_  
Other: \_\_\_\_\_  
**TOTAL: \$ \_\_\_\_\_**

*(Please attach a separate sheet stating a breakdown of above costs)*

**Estimated Net Proceeds to Dallas CASA (income less cost) \$ \_\_\_\_\_**

**REQUESTED DALLAS CASA PARTICIPATION**

Handling intake of funds  (details) \_\_\_\_\_

Assist w/Media/Marketing  (details) \_\_\_\_\_

Provide volunteers for event  (details) \_\_\_\_\_

Raise funds for event  (details) \_\_\_\_\_

Attendance at event  (details) \_\_\_\_\_

**PERSON SUBMITTING REQUEST**

Name: \_\_\_\_\_

Org/Corp./Affiliation (if any) \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Signature

Date Submitted

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For office use only: Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director