



The Children's Medical Center of Dayton Third Party Event Guidelines

We are grateful to all groups who wish to support The Children's Medical Center of Dayton and Children's Miracle Network Hospitals. The following guidelines will help you as you plan your event. If you have questions, please contact the development office at 937-641-3405 or GetInvolved@childrensdayton.org.

1. Any event or promotion that involves the name of The Children's Medical Center of Dayton or Dayton Children's must be approved in advance by the development office at least **one month** prior to the event.
2. A "Third Party Event Form" must be completed and submitted to the development office at Dayton Children's before such approval can be granted. A form may be emailed or mailed to you or downloaded from the Dayton Children's website: <http://www.childrensdayton.org/cms/sitelet/eventsponsor/>
3. Dayton Children's encourages the use of press releases and other publicity. Before sending a press release, media alert, advertisement or other form of publicity to any media outlet, please submit all copy/design to the development office for review and approval.
4. Publicity may not suggest that the event is being sponsored or co-sponsored by Dayton Children's or that the hospital is involved in any way except as the beneficiary. The suggested way to describe hospital involvement is to list the event name followed by "benefiting Dayton Children's through..." It is our understanding that 100% of the net proceeds will be donated to Dayton Children's. We reserve the right to examine any possible involvement of any other charity or suggested split of proceeds.
5. Dayton Children's reserves the right to use photos and information about third party events for the benefit of the hospital in publications and other materials.
6. All funds raised from the proposed event must be sent within 30 days of the event to Dayton Children's development office.

Send completed third party event registration form, publicity materials for approval and donations to:

Dayton Children's
Development Office
One Children's Plaza
Dayton, OH 45404-1815
GetInvolved@childrensdayton.org
9370641-5292 (fax)

Your support is very important to us. The following outlines what support Dayton Children's can provide for your event:

1. **Staffing:** Dayton Children's is unable to provide volunteers and staff for the purpose of the event. However, a Dayton Children's representative may attend the event, if requested, based on availability.
2. **Mailing Lists:** Hospital mailing lists, including donor lists, are confidential and maintained for hospital use only and may not be used to promote your event.
3. **Hospital Logo:** The Dayton Children's logo may only be used if the sponsoring organization has received prior approval from the hospital. We will supply a print-ready or electronic logo upon request.
4. **Banner/Printing:** Dayton Children's can provide a banner to hang during the event based on availability. The banner should be returned to Dayton Children's immediately after the event.
5. **Ticket Sales:** Dayton Children's staff cannot assist with ticket sales. Tickets may not be sold on the hospital premises.
6. **Event Promotion:** Dayton Children's will post your event on the hospital's website calendar of events and the Dayton Children's Facebook page.

There are some events that we cannot approve including activities that require any of the following:

- Require any financing from Dayton Children's. The sponsor must assume all costs of the event.
- Compete or conflict with an already established or scheduled event to benefit Dayton Children's.
- Fail to comply with any municipal, county, state and/or federal law.
- Dayton Children's cannot assume any liability for your event.

**The Children's Medical Center
Third Party Event Registration Form**

Send completed registration form to: Dayton Children's, One Children's Plaza, Dayton, OH 45404-1815
Telephone: 937/641-3405 Fax: 937/641-5292 E-Mail: GetInvolved@childrensdayton.org

Event Name: _____

Event Type: _____

Event Date: _____ Location: _____

Event Hours: _____ Rain Date (if applicable): _____

Sponsor (organization or individual): _____

Contact Name: _____ E-mail Address: _____

Address: _____

Daytime Phone Number: _____ Fax Number: _____

Is event open to the public: YES___ NO___ Admission Fee: _____ Expected # Attending _____ # Volunteers _____

Describe how the event will raise funds: _____

Budget for conducting event: \$ _____ Estimated donation: \$ _____

Does sponsor want to use the hospital's name and/or logo for promotion of event? YES___ NO___

If other charitable organizations will benefit from this event, please list the names of these organizations and describe the extent to which they will benefit on an attached sheet.

I understand the completion of this form does not mean, and may not be construed to mean, that the proposed event has been approved by The Children's Medical Center of Dayton. The event's sponsor must receive confirmation indicating approval of the event from the hospital before any publicity may be released. Dayton Children's reserves the right to request additional information about a proposed event or its sponsors before considering approval of the event. The event sponsor(s) agree to indemnify and hold The Children's Medical Center of Dayton harmless from any claims of any nature arising from or related to, the proposed event. Furthermore, understand that nothing in this proposal shall be construed to authorize the sponsoring organization or any representative thereof to act as an agent of The Children's Medical Center of Dayton

SPONSOR'S SIGNATURE: _____ DATE: _____

CHILDREN'S SIGNATURE: _____ DATE: _____

CHILDREN'S CONTACT: _____ phone: _____ e-mail: _____

ALL FUNDS RAISED FROM THIS PROPOSED EVENT MUST BE SENT WITHIN 30 DAYS OF THE EVENT TO DAYTON CHILDREN'S DEVELOPMENT OFFICE, ONE CHILDREN'S PLAZA, DAYTON, OH 45404-1815.

Development Use Only

Approved _____ Not Approved _____ Date _____

Development Signature _____