



2525 Glenn Hendren Dr.
 P.O. Box 1002
 Liberty, MO 64068

Community Event Partnership/Third Party Event Agreement

Partner Information

Name of Organization _____ Date: _____

Main Contact _____ Title: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

Brief description regarding your Community partnership/event:

Title of event _____ Event date _____ Ongoing _____
 Event time _____ N/A _____ Rain date (if applicable) N/A
 Event location _____
 Address Same as above

If location is a business, will there be an admission charge? YES NO
 Invitation only? YES NO
 Open to the public? YES NO
 How will your even be promoted? FLYERS RADIO PRINT OTHER
 Will you use social media? YES NO

If yes, please list social media networks.

What are your needs from the Liberty Hospital Foundation? _____

Why did you choose The Liberty Hospital Foundation as the beneficiary for your event? _____

Are there beneficiaries other than the Liberty Hospital Foundation? YES NO If yes, please list: _____
 None

Estimated Expenses \$ _____ Estimated Revenue \$ _____ Estimated Net Proceeds \$ _____

****NET PROCEEDS OF YOUR EVENT WILL BE DESIGNATED TO SUPPORT THE FOUNDATION'S GREATEST NEEDS. IF YOU PREFER EVENT PROCEEDS TO BENEFIT A PARTICULAR PROGRAM OR SERVICE AREA, PLEASE SPECIFY BELOW:**

Terms of Agreement

We appreciate your time and generosity and wish you great success with your event.

I understand that:

- All events to benefit the Liberty Hospital Foundation must be approved by The Liberty Hospital Foundation prior to the event or event promotion.

- The Liberty Hospital Foundation must approve all publicity and promotion materials for proposed events that include the Foundation name and logo before they are released. Please forward a draft of all materials to the Foundation prior to publicizing the event.

- When mentioning the name of the hospital in print or on air, it should be referred to as The Liberty Hospital Foundation. Please refrain from using abbreviations or shortened names.

If you are completing this form electronically, please check the box to serve as your electronic signature. Also, please type your name on the line below.

Print (or type) name: _____

Signature of event organizer: _____ Date: _____

Signature of Foundation Staff: _____ Date: _____

Questions? Contact Aimee Tilley at 816-415-3389 or aimee.tilley@libertyhospital.org
Liberty Hospital Foundation | 2525 Glenn Hendren Drive | Liberty, MO 64068