



## Authorization to Operate an Event for the Benefit of Variety KC The Children's Charity

Variety Children's Charity | P.O. Box 3446 | Shawnee, Kansas 66203 | [www.varietykc.org](http://www.varietykc.org)

I, the undersigned, agree to represent a group to be known as: \_\_\_\_\_(The Group)

Which will organize and sponsor an event to be known as: \_\_\_\_\_.

I understand that the primary purpose of this event shall be to raise funds for Variety KC The Children's Charity and that all funds raised, minus operating expenses, shall be submitted to Variety for support of its programs.

I understand that The Group shall conform to all regulations and policies and practices of the Variety KC The Children's Charity pertaining to fundraising.

This agreement shall be in force for the duration of the event. The Variety Board reserves the right to cancel support of the event for any reason regarded by the Board to be sufficient.

### **Responsibilities of The Group**

\_\_\_\_\_ Agrees:

- To submit a description of the event.
- To maintain a high standard of good taste and ethics in relation to all fundraising events.
- To be responsible for all expenses incurred in conjunction with all fundraising activities and to absolve Variety KC The Children's Charity of any such responsibility.
- To submit all promotional material using the Variety KC name/and or logo to the Variety KC for approval.
- To submit all net proceeds from the event within 45 days to Variety for deposit in the Variety bank account.
- To submit a completed **Post Event Report** within 30 days following the event. This report is to include an accounting of all funds raised and distribution of expenses and proceeds.

### **Responsibilities of Variety KC The Children's Charity**

Variety KC agrees:

- To supply reasonable amounts of materials about Variety's mission free of charge.
- To confer the use of the Variety KC name and logo to the group.
- To use all funds received from the group to support the work of Variety KC's mission.

The Group leader will be: (print or type)

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorization to operate Benefactor Event for Variety KC:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Group Leader \_\_\_\_\_