



EVENT REGISTRATION

EVENT DETAILS

Name of Event: _____ Date(s): _____

Place: _____

City: _____ State: _____ Zip: _____

Event Website: _____

Brief Description of Event: _____

Projected # of Participants: _____ Date Inaugural Event Was Held: _____

Would you like your event to be placed on www.jimmyv.org? YES NO
(If yes, the event information and contact information for the Event Planner will be placed online.)

Would you like: V Foundation Informational Palm Cards (3"x5") YES Qty. _____ NO

Would you like the use of The V Foundation logo? YES NO

(If yes, you must provide a sample budget along with this form. Expenses should not exceed 50% of revenue. We regret due to the time involved in processing license agreements we require a \$1000 minimum projected donation to provide the logo. If you do not meet this requirement you may, however, indicate that your event benefits The V Foundation. No agreement is necessary. Please note that it takes 10-14 business days to complete a license agreement for use of the logo.)

EVENT PLANNER DETAILS

Contact Person: _____

Contact Person Telephone: (Daytime) _____ (Evening) _____

Contact Person Address: _____

City: _____ State: _____ Zip: _____

Contact Person E-mail: _____

PLANNING COMMITTEE

1. Name: _____ Tel: _____

2. Name: _____ Tel: _____

If you will incur expenses for your event, please provide a sample budget with this form.

Projected Donation: _____

**Please complete and fax or send your completed form back to:
The V Foundation, Attn: Events, 106 Towerview Ct., Cary, NC 27513 or (919) 380-0025.**