



### Third Party Event Inquiry Form

Thank you for choosing United Cerebral Palsy to be the recipient of your fundraising event proceeds. We request that you fill out the basic information about your event below and return it to [twebb@ucpmobile.org](mailto:twebb@ucpmobile.org) or 3058 Dauphin Square Connector, Mobile, AL 36607, Attn: Theresa Webb.

Name of Event: \_\_\_\_\_

Person/Organization Supporting Event: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Date & Time of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this event expected to generate more than \$10,000 in gross revenue? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If so, please attach an estimated budget for your event.*

Is this a first time event? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If not, please provide past promotional materials or communications.*

***If you have any questions please contact Theresa Webb at [twebb@ucpmobile.org](mailto:twebb@ucpmobile.org) or (251) 234-9581.***