Hospice Heroes Application Form
Option 1: Private "At Home" Events

Thank you SO much for stepping up and becoming a Hospice Hero! We truly value the support of the community we serve and every little bit helps.

We love that you have an idea for a Hospice Hero event. We would like to know a bit more about what you have planned so we can support you and ensure that your initiative is a rocking success. Please do not hesitate to contact us should you have any further questions.

Personal Information

Full Name: _____

Contact Number: _____

Email Address: _____

Event Details

Event Name: _____

Event Description: (Briefly describe your event idea)

_____

_____

_____

Proposed Date(s): _____

Acknowledgment:

Agreement

I _____ ID number _____confirm that I am responsible for the management and execution of this public event and will communicate with Hospice White River about any significant changes to the event details. I understand that any promotional material must be approved by Hospice White River.

Signature: _____ Date: _____

Submission and Review

Please submit your completed application form to admin@hospicewr.co.za or drop it off at our office. Our review team will contact you within 48 hours to confirm your application and discuss any additional details.

Thank you for supporting Hospice White River and helping us make a difference in our community!

Disclaimer

Hospice White River will not be responsible for the organizing, marketing, selling of tickets, or any costs incurred that are not covered by income raised. Additionally, Hospice White River will not be liable for any expenses incurred due to the cancellation of an event. All money raised must be collected by the organizer and paid as a lump sum to Hospice White River. No marketing material may be distributed using the Hospice White River logo with banking details that differ from those officially provided by Hospice White River. Any unauthorized use of our logo or misrepresentation of our financial details is strictly prohibited.

FOR OFFICE USE ONLY				
Reviewed by	Name	Surname	Date	Signature
Outcome				
Notes				