

ST. JUDE DRIVE EVENT PROPOSAL FORM

Driver Information

Name _____

Phone Number _____

Email _____

Event Information

Name _____

Description _____

Date _____

Time _____

Location _____

Participation Cost _____

Estimated Expenses _____

Estimated Revenue _____

Sponsors Over \$250 _____

St. Jude Drive Materials Needed

- | | | |
|---|---|---|
| <input type="checkbox"/> tear-drop flag | <input type="checkbox"/> patient poster | <input type="checkbox"/> informational handouts |
| <input type="checkbox"/> banner | <input type="checkbox"/> canisters | <input type="checkbox"/> other: _____ |

Signature _____

Date _____

* No media allowed, unless approved by the St. Jude Drivers Association Board.

* All promotional materials must be approved by the staff/board before distribution.

* **Forms must be submitted and approved at least 4 weeks prior to event.**