



ATRC
PO Box 880
Sand Springs OK 74063-0880
Phone: 918-246-9450 Fax: 918-496-2762

TO: Third Party Event Fundraisers for American Therapeutic Riding Center, Inc. (ATRC)
FROM: American Therapeutic Riding Center, Inc.
SUBJECT: Guidelines - Third Party Event Fundraiser

Thank you for choosing ATRC as the beneficiary of your fundraiser. We are grateful that you have decided to generously lend your support to our program serving individuals with special needs. ATRC benefits tremendously from community involvement and welcomes fundraisers from supportive individuals and groups. ATRC's contact for outside fundraising events is Executive Director, Denise Ward at 918-246-9450 or deniseatrc@gmail.com.

ATRC is a 501c3 non-profit organization and works under specific agreements and restrictions; therefore, we ask that you read and agree to the following fundraiser guidelines to assure clear communication between you and ATRC and help ensure the success of your event.

- ATRC is proud of its public service record and is responsible for retaining it. For that reason, our name and logo can only be used in activities that are compatible with our mission, and we require that you please submit all print material, press releases or advertisements to ATRC for approval before releasing them to the public.
- Please consult with ATRC before seeking underwriting by a company or group in order to honor any pre-established relationships ATRC may have with that group.
- Being a non-profit with limited resources, ATRC cannot provide funding and may or may not be able to provide volunteers for your fundraising event but will make every effort to participate.
- Please keep ATRC aware of any changes to your fundraising event as originally presented.
- ATRC's Staff and its Board of Directors, retain the right to revoke or terminate, at any time, any authorization it may give for the use of the right of ATRC name/logo.

We sincerely appreciate your support of ATRC through your fundraising efforts. We will help foster the success of your event as much as possible. If you have questions, please contact our Executive Director.

I, the undersigned, understand and agree to the guidelines presented to me above.

Signed Name: _____ Date: _____

Printed Name: _____

Email: _____ Phone: _____

(Please keep a copy for yourself and mail a signed copy to ATRC or fax to 918-246-9350.)



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Third Party Event Fundraising Application

Sponsoring Individual or Group:

Organization _____ Contact Person _____

Address (Contact Person) _____ Apt or Suite _____

City _____ State _____ Zip Code _____ Email _____

Home Phone _____ Work Phone _____ Fax (to fax approved form) _____

Organization or Individual purpose _____

If organization, size of membership _____

Special Event Information:

Description of Event _____

What percent of the net proceeds (no less than 50%) will be donated to ATRC? _____ %

Location(s) of Event _____ **Date(s) of Event** _____

Anticipated Income from Event? Gross \$ _____ Net \$ _____ Anticipated Date of Distribution to ATRC _____

Name and Address of Insurance Carrier (attached copies of certificates) _____

Are Permits Required? _____ If Yes, Please Describe and Attach Copies of Permits.

Other Information:

How much will the event be promoted? _____

Will this event involve the serving or association of alcoholic beverages? Yes ___ No ___ (check one)

Will ATRC logo be used in conjunction with other logos, trademarks, etc.? Yes ___ No ___ (check one)

All proofs with ATRC logo must be approved by ATRC.

Has this group or individual ever sponsored an event for ATRC? Yes ___ No ___ (check one)



Sponsoring Individual or Group's Third Party Event Agreement

- We will conduct a Third Party Event for the benefit of ATRC in accordance with the provisions of this proposal and letter.
- Depending on the event, we will secure insurance coverage evidenced by the Certificate of Insurance.
- Our conduct of the event will conform to applicable laws, rules, regulations and ordinances.
- We will not use any trade or service mark or related copyright or ATRC, except as authorized by ATRC.
- All material using ATRC's name or logo will be submitted by sponsoring group to ATRC for approval prior to the publication or use of such material. Please allow 15 working days, from date of application from ATRC.
- Sponsor will indemnify and hold ATRC, its Staff, Board of Directors, Riders (clients), and Volunteers harmless from and against any and all claims, liabilities, judgments, penalties, settlements, losses, damages, and expenses, including court costs and reasonable attorney's fees, incurred or suffered by these parties in connection with or as a result of the event.

• **Sponsor Signature** **Title** **Date**

American Therapeutic Riding Center (ATRC) Consent

In consideration of your sponsorship of a Third Party fundraising event for the benefit of ATRC, as more fully described in this proposal, ATRC ____ approves or ____ disapproves to your sponsorship of the event upon the terms and subject to the condition set forth herein.

ATRC Staff Signature **Title** **Date**

ATRC Executive Director Signature **Title** **Date**

*Please complete and return this application to ATRC.

*No fundraising activity will be approved without receipt of a completed form.

*Please allow ATRC 15 working days to review this application.

Send to:

American Therapeutic Riding Center (ATRC)
Attn: Denise Ward
P O Box 880
Sand Springs OK 74063-0880
Phone: 918-246-9450 Fax: 918-246-9350

Thank you for supporting ATRC!
