



**DR. ROZ'S  
HEALING PLACE**  
A Centre for Empowerment and Healing  
**EVENT PROPOSAL FORM**

Please complete this form and fax it to Nicole Waldron at (416) 264-9158 or e-mail [info@drrozshealingplace.com](mailto:info@drrozshealingplace.com). You will be contacted as soon as possible to further outline details.

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PROPOSED EVENT NAME: \_\_\_\_\_ VENUE: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIME: \_\_\_\_\_

BRIEF DESCRIPTION OF PROPOSED EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Projected financial intake? \_\_\_\_\_

FUNDS ALLOCATION: How will funds be raised (i.e. raffle tickets, silent auction, car wash, etc.)?

\_\_\_\_\_

\_\_\_\_\_

Total to be donated to Dr. Roz's Healing Place? (% or projected dollars) \_\_\_\_\_

**Please list at least one reference who we may call to confirm the above information:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

THANK YOU for your support! Please allow a minimum of 6 weeks in advance of your event so we can assist you with promotion via our website. We look forward to working with you!