



Third Party Event Request

Requests may be submitted by email, mail, or at the shelter. If you have any questions, you may contact Kimberly York at (517) 626-6060 ext. 125, or by email at kyork@AdoptLansing.org.

Event Name: _____

Date: _____ Time: _____ Number of Expected Participants: _____

Organization: _____

Name of Primary Contact: _____

Phone: _____ Email: _____

Event Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Event Description: _____

Percentage Donated to CAHS: _____ Estimated Donation: _____

Requested Support from CAHS: Please check all that apply.

- | | |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> CAHS marketing materials | <input type="checkbox"/> CAHS information table at event |
| <input type="checkbox"/> Promotion on CAHS Facebook page | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Staff representative at event | |

I hereby understand and agree to the Capital Area Humane Society third party event policy.

Signature: _____ Date: _____