

Ukraine War Amps

Event Proposal Form

		Applicant Info	ormation	
Full Name:				Date:
	Last	First	M.I.	
Address:	Street Address			Apartment/Unit #
				φ
	City		State	ZIP Code
Phone:		Em	ail	
Where did y hear about	ou us:			
		Event Inform		
Event Name): 			
Venue: _				
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Address: _				
Date:				
Date				······································
Time:				
-				
Event Details:				

References				
Please list atleast one reference.				
Full Name:	Relationship:			
Company:	Phone:			
Address:				
Full Name:	Relationship:			
Company:	Phone:			
Address:				
Financial Information				
The amount spent for the event and the money raised from this event:: (Please use a separate sheet if needed.) Budget:				
Expenses:				
Total:				
Net Revenue/Donations raised for UWA: (Please note: We're a non-profit organization not a charity, we can not issue a tax receipt)				
Terms and Conditions				
 Under no circumstances can any business dealings or service or goods be exchanged using the name of Ukraine War Amps or its logo. We do not provide third party medical or other forms of insurance coverage to anyone hosting or attending the event, and will not assume any costs incurred during this event. The event organizer handles all monetary transactions, expenses and donates the proceeds to UWA. All the personal information about our volunteers, donors and other stakeholders, if collected during the event, must be strictly kept confidential or should be handed over to the Founder of the organization. We do not issue tax receipts for the donation amount raised during this event. We are a non-profit organization. It is the event host's responsibility to convey this information to the participating donors at this event. UWA reserves the right to withdraw from this event at anytime if it decides to do so. UWA will not use any of the personal data collected during this event for any other purposes without obtaining prior consent from the concerned person/s or groups. 				
Disclaimer a	nd Signature			
I agree that I will use Ukraine War Amps logo and name only for the intended purpose of hosting this event and will do so only upon the approval of the Founders of the organization. I will donate the full amount raised from this event to UWA within 10 days following this event. I hereby declare that I will not use this event for any misleading purposes and/or damage UWA's reputation within our global community. Event Organizer Signature: Date:				
Signature:	Dale.			

UWA Representative Signature:

Date: