

QUESTIONNAIRE ONE

(Applicant must complete all applicable Questionnaires)



SPECIAL EVENTS/FUND RAISING EVENTS

(Attachment to NIF Social Services Agencies Application)

Applicant must complete a separate Questionnaire for each Event Conducted or Sponsored.

Name of Applicant: _____

Type of Event:

- | | | |
|--|--|--|
| <input type="checkbox"/> Charity Raffle/Auction | <input type="checkbox"/> Fundraising Dinner | <input type="checkbox"/> House/Garden Tour |
| <input type="checkbox"/> Running/Walking Race | <input type="checkbox"/> Boat Race | <input type="checkbox"/> Golf Tournament |
| <input type="checkbox"/> Bingo/Card Night | <input type="checkbox"/> Casino Night | <input type="checkbox"/> Wine Tasting |
| <input type="checkbox"/> Scavenger Hunt | <input type="checkbox"/> Concert/Entertainment | <input type="checkbox"/> Fashion Show |
| <input type="checkbox"/> Sporting Event, explain _____ | | |
| <input type="checkbox"/> Other, explain _____ | | |

Is Applicant the sole sponsor of the Event? Yes No
If No, with whom has the Applicant affiliated or contracted with to Sponsor this Event?

➤ **If Applicant has affiliated with or contracted for the services of a third party for any part of this Event please attach copies of the Contract for Services.**

Is Applicant seeking to add these Third Parties as Additional Named Insureds? Yes No

Does Applicant require Certificates of Insurance from everyone providing products/services for the event? Yes No

Has Applicant held similar Events in the past? Yes No

Are any Alcoholic beverages being served at the Event? Yes No

If Yes, who is providing/serving the alcohol? _____

If Yes, who hires the bartenders? Applicant Proprietor/Operator of the facility

If Yes, how do you control the amount served?

Do the bartenders know TIPPS? Yes No

Date(s) of Event(s): _____ Location(s) of the Event _____

How many participants, spectators, volunteers anticipated to attend? _____

Price(s) Per Ticket? \$ _____ Estimated Gross Receipts: \$ _____

If applicable, list all sporting activities to be a part of this event.

What safeguards are in place to prevent spectator injury?

Do participants sign a waiver?

Yes No

Do participants show proof of personal health insurance?

Yes No

Date: _____

Signature: _____

(Must be signed by Applicant: Owner/President/CEO/or Executive Director)

Title: _____