

ST. JUDE RIDES EVENT PROPOSAL FORM

Rider Information

Name _____
Ride _____
Phone Number _____
Email _____

Event Information

Name _____
Description _____

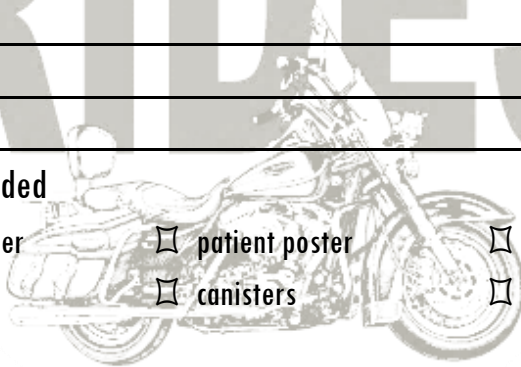
Date _____
Time _____
Location _____
Participation Cost _____
Estimated Expenses _____

Estimated Revenue _____

Sponsors Over \$250 _____

St. Jude Materials Needed

- pop-up banner patient poster informational handouts
 banner roll canisters other: _____



Signature _____ Date _____

- * No media allowed, unless approved by the St. Jude Riders Association Board.
- * All promotional materials must be approved by the staff/board before distribution.
- * **Forms must be submitted and approved at least 4 weeks prior to event.**
- * **Please turn in all proceeds by check, cashier's check, or money order within 45 days post event.**