



EVENT AUTHORIZATION

Organizer: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Event Name: _____

Event Type: _____

Date(s) & Time(s): _____

Event will donate 100% of collected funds to VHF

Event will donate 100% of collected funds to VHF after event expenses

Event will donate a portion of proceeds to VHF - List other organizations or details: _____

I, _____, have read the Event Policy of Veterans Honor Flight of Southern Illinois ("VHF"). I agree to abide by this policy for this event. I agree VHF will assume no responsibility for this event.

As part of this event, the Organization may / may not use the VHF logo available at www.veteranshonorflight.org/logo. Where the logo is placed, disclaimer text must also be placed reading:

100% of proceeds benefit Veterans Honor Flight of Southern Illinois

A portion of proceeds from this event benefit Veterans Honor Flight of Southern Illinois.

The Organizer agrees to donate the proceeds mentioned above to VHF no later than 30 days after the event ends.

Organizer Signature

VHF Signature

Printed Name

Printed Name

Date

Date