

## Tell us about your event

By filling this form out, you are providing Kids Cancer Care with the information needed so that we can provide you with the best support possible.

For any unknown information please write "TBA."

Through the Shave Your Lid for a Kid® program, all shaves will receive support with their online profiles, fundraising and donation reconciliation. Please fill out the form below if your shave event requires additional assistance.

Event date: \_\_\_\_\_ Time: \_\_\_\_\_

### General Information

Event name: \_\_\_\_\_ Donation goal: \_\_\_\_\_

Shave location & address: \_\_\_\_\_  
\_\_\_\_\_

Other activities planned in combination with the shave: \_\_\_\_\_  
\_\_\_\_\_

### Contact Information

Organizer's name: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

### Shave Information

Number of people shaving: \_\_\_\_\_

Name of hairdresser/salon/volunteer shavers: \_\_\_\_\_  
\_\_\_\_\_

**Do you require assistance from Kids Cancer Care in recruiting volunteer shavers? (shaves of 10 people or more)**  Yes  No

Please note volunteer shavers are subject to availability and cannot be guaranteed.

**Spokeskid requested:**  Yes  No

Kids Cancer Care can provide you with childhood cancer survivors to share their story and speak at your event. Please note, Spokeskids are subject to availability and cannot be guaranteed.

**Video:**  Yes  No

We are happy to provide you with a six-minute video on our Foundation and the families we serve.

**Foundation Information:**  Yes  No

Kids Cancer Care can provide you with foundation brochures and newsletters. This is a great way to educate your donors and guests about childhood cancer and where the money you have raised will go.

**Please complete this form and fax it to Jen at 403 216 9215, or email it to saunders@kidscancercare.ab.ca no later than two weeks prior to your event.**

NOTES: \_\_\_\_\_  
\_\_\_\_\_



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canCER care

