



Third-Party Event Planning Form

Description of the Event

Name of sponsoring/hosting individual, company, or organization:

Contact Name: _____ Phone: _____

Contact Email: _____

Company Website: _____

Title of Event:

Date and Time Event:

Event site & address:

Has this event been held before? _____

Expected number of attendees: _____

Mobile Adoption Center (MAC) requested at event _____

Expected Event Revenue: _____

Brief description of event:

How will this event benefit HSSC?

How will the event be promoted?

Will HSSC be included in the promotions, if so, how?

Contact Person Signature

Application Date

*We are grateful for your desire to help the Humane Society of Summit County.
Thank you on behalf of all our animals.*

HSSC Internal Use Only

Date received:

Received by:

Response date to requester:

Response completed by:

MAC Requested: ___Yes ___N

MAC Offered: ___Yes ___N

Will HSSC participate:

If no, why?

Please return to:

Colleen Repie, Director of Development and Outreach
crepie@summithumane.org
7996 Darrow Rd.
Twinsburg, OH 44087
234-212-9679