



CHOOSE YOUR OWN (CYO)
Event Application and Agreement

Thank you for choosing the Epilepsy Foundation (EF) as the recipient of your fundraising event! Please complete and sign this form. You will receive confirmation that we have received your CYO Event Application followed by instructions for setting up your own fundraising page.

YOUR INFORMATION

Name \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

EVENT INFORMATION

Event Name \_\_\_\_\_

Event Date/Time \_\_\_\_\_ Location(City/State) \_\_\_\_\_

Please provide a brief description of the event \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Event Website address or Contact information \_\_\_\_\_

FUNDRAISING

What is your fundraising goal? \$ \_\_\_\_\_

Why do you want to fundraise for the Epilepsy Foundation?

- ( ) I am living with epilepsy.
( ) Loved one(s) with epilepsy.
( ) I want to support the cause
( ) Other \_\_\_\_\_

AGREEMENT

I, \_\_\_\_\_, understand that that the Epilepsy Foundation reserves the right to approve or deny inclusion of my CYO event as part of the Athletes vs. Epilepsy initiative. I further agree to donate the full amount of the proceeds raised through this fundraiser the Epilepsy Foundation Athletes vs. Epilepsy.

Signature/Date \_\_\_\_\_

Please compete and return to:
Nmanning-ashe@efa.org
Or
ATTN: Athletes vs. Epilepsy CYO
Epilepsy Foundation, 8301 Professional Place-East, Suite 200, Landover, MD 20785