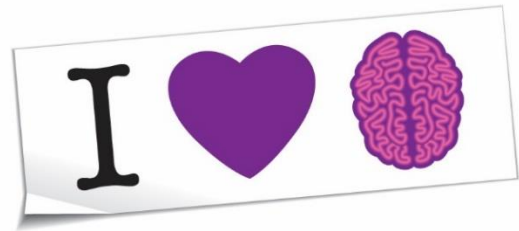


BRAINLOVE EVENT FORM



Lodge: _____ Lodge Members Name: _____

Email Address: _____ Telephone Number: _____

Our lodge would like to organize one of the following:

- Wear a Helmet Campaign
- Fundraising Event
- Table at a Tradeshow
- Display/Presentation
- _____

If you selected a Fundraising Event, please describe the type of event it will be:

- BrainLove Dinner
- Steak Night
- Golf Tournament
- Pancake Breakfast
- Bingo Night
- Quilting Event
- Pearl Party
- Paint Night
- _____

Details of the BrainLove event:

Event Date: _____ Event Start Time: _____ End Time: _____

Set Up Time: _____ Take Down Time: _____

Event Location (Name & Address): _____

Please estimate the following:

Total Event Expenses: \$ _____ Fundraising Goal Amount: \$ _____ N/A

If you selected a Fundraising Event, please select which details apply:

- Entertainment
- MC
- SBIA Representative
- Survivor Story or Video
- Silent Auction
- _____

Please describe your event: _____

Please confirm with the event location organizers to see if they have any of the below items. If not, please advise if you require any of the following items (mic, projector, extension cord, etc.)

Microphone & Sound System

Projector

Laptop

Extension Cord

Tables & Chair

Bar

YOUR REGION'S BRAIN INJURY ASSOCIATION Representation:

Depending on the event & availability, a representative from your region's Brain Injury Association might be available to attend a fundraising event.

Emergency Event Day Contact Person: _____

Phone: _____