



MILES PERRET
CANCER SERVICES

Third Party Event Information Form

In order to gain approval for a third party event partnership, the following information form must be completed, signed and returned to MPCCS **no later than 30 days prior to the event date** upon which the event will be reviewed for approval.

Thank you for supporting local families fighting cancer!

Contact information:

Name of individual/organization: _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Event Information:

Name of event: _____

Event Date: _____ Event time: _____

Event location: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of event activities:

How is money being raised?

Are you requesting the use of our name and/or logo in promotional materials? Yes No

Are you requesting that an MPCCS representative to be present at your event? Yes No

If yes, during what timeframe? _____

Any additional information:

Please mail, fax, or email signed Third Party Event Guidelines and Agreement and completed Third Party Event Information form to:

Miles Perret Cancer Services
Attn: Sherry Hernandez
2130 Kaliste Saloom Road, Suite 200
Lafayette, LA 70508
P: 337-984-1920
F: 337-984-1921
shernandez@milesperret.org