



PETERBOROUGH NEW HORIZONS BANDS

Concert Beneficiary Proposal Form

Fill out the information below to propose a charity we should use as a beneficiary of our Concert.

Name of Charity: _____

Charity Registration #: _____

Website: _____

Facebook name: _____

Purpose/mandate of organization and its main audience demographics:

How it is funded: _____

Have you partnered with us in the past? _____ when? _____

How it will advertise our partnership:

Website: _____ Newsletter: _____ Email: _____ Social Media: _____

Other: _____

How were you contacted and by whom?: _____



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Date of Submission (yyyy/mm/dd): _____

Contact Name: _____

Address: _____

Email: _____

Phone: _____

Signature: _____ Title: _____

Email this form to BOARD@PNHB.CA, Subject: Concert Beneficiary Proposal

***** FOR PNHB OFFICE USE ONLY *****

Date Reviewed (yyyy/mm/dd): _____

Conclusion: Approved ____ Declined ____

Reason: _____

Will partner for this concert (yyyy/mm/dd) _____

PNHB Liaison name: _____

Email: _____ Phone: _____