



6th Street, Happy Valley
 Topaz Street, Francisca Village
 Guadalupe, Cebu City, Cebu Philippines, 6000
 032-402-3313 / 0942-281-1983
 info@everlastinghope.org / everlastinghope.org

Event Details for Community Outreach Program

SPONSOR INFORMATION

EVENT INFORMATION

Sponsor:	Date:	
Contact Name:	Time of Event:	Set-up Time:
Email:	Location:	
Phone:	No. of Sponsors/Volunteers (No more than 15):	
No. of patients can be accommodated:	No of parents/siblings can be accommodated:	

LOGISTICAL DETAILS

MARKETING

<input type="checkbox"/> Tables <input type="checkbox"/> Tents <input type="checkbox"/> Chairs	<input type="checkbox"/> Text Message Invite
<input type="checkbox"/> Photography <input type="checkbox"/> Videography <input type="checkbox"/> Video Keepsake	<input type="checkbox"/> Phone Invite
<input type="checkbox"/> Television <input type="checkbox"/> Sound System <input type="checkbox"/> Large Screen	<input type="checkbox"/> Hard Copy Invite
<input type="checkbox"/> Video Presentation <input type="checkbox"/> Skype	<input type="checkbox"/> Personal Invite
<input type="checkbox"/> Transportation <input type="checkbox"/> Other	<input type="checkbox"/> Special Guests

FOOD AND DRINKS

FOOD AND DRINK PREPARATION

<input type="checkbox"/> Catered Meal <input type="checkbox"/> Homemade Food	<input type="checkbox"/> Catering Service _____
<input type="checkbox"/> Restaurant <input type="checkbox"/> Packaged Food	<input type="checkbox"/> Restaurant _____
<input type="checkbox"/> Heavy Meal <input type="checkbox"/> Snacks	<input type="checkbox"/> Prepared by Sponsor _____
<input type="checkbox"/> Fruits <input type="checkbox"/> Cake <input type="checkbox"/> Beverages	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dessert (Specify): _____	NOTE: Candies, soft drinks, and junk foods are discouraged.
<input type="checkbox"/> Other _____	We encourage healthy, home-cooked meals without preservatives / MSG & healthy beverages.

PARTY/OUTREACH OPTIONS

DECORATIONS AND GIVEAWAYS

<input type="checkbox"/> Celebration of Life Party (15-30 patients) <input type="checkbox"/> Saturday/Month _____ <input type="checkbox"/> Party/Event/Outreach/Feeding (15-30 patients) <input type="checkbox"/> Thursday to Saturday _____ <input type="checkbox"/> Activity with in-house patients (less than 12) <input type="checkbox"/> Thursday to Friday (preferred) <input type="checkbox"/> Monday and Tuesday (subject to approval) <input type="checkbox"/> End of Treatment Celebration (April & Dec.) <input type="checkbox"/> Saturday/Month _____ <input type="checkbox"/> Family Outreach (open to multiple sponsors) <input type="checkbox"/> April (Philippines Childhood Cancer Awareness Month) <input type="checkbox"/> July (Everlasting HOPE Anniversary) <input type="checkbox"/> September (International Childhood Cancer Awareness) <input type="checkbox"/> December (Thanksgiving Celebration) Special Events/Outings <input type="checkbox"/> Mall <input type="checkbox"/> Beach <input type="checkbox"/> Park <input type="checkbox"/> Restaurant <input type="checkbox"/> Movie <input type="checkbox"/> Arcade <input type="checkbox"/> Bowling <input type="checkbox"/> Concert <input type="checkbox"/> Parade <input type="checkbox"/> Sightseeing <input type="checkbox"/> Other _____	Decorations <input type="checkbox"/> Banner <input type="checkbox"/> Signage <input type="checkbox"/> Balloons <input type="checkbox"/> Streamers <input type="checkbox"/> Party Hats <input type="checkbox"/> Piñata <input type="checkbox"/> Other _____ Giveaways <input type="checkbox"/> Loot bags: <input type="checkbox"/> Art & Craft Materials <input type="checkbox"/> Small Toy / Game <input type="checkbox"/> Toiletries / Hygiene <input type="checkbox"/> Crackers / Biscuits <input type="checkbox"/> Milk Box / Juice Pouch <input type="checkbox"/> PediaSure / Milk <input type="checkbox"/> Fruits / Vegetables / Rice <input type="checkbox"/> Vitamins (Polynerv/Ceelin/Multi-Vitamin) <input type="checkbox"/> _____ Gift Range <input type="checkbox"/> 100 Pesos <input type="checkbox"/> 300 pesos <input type="checkbox"/> 500 pesos <input type="checkbox"/> Other _____ Gift For: <input type="checkbox"/> Child <input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> _____ Activities (We do not allow magic shows) <input type="checkbox"/> Music <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Games <input type="checkbox"/> Crafts <input type="checkbox"/> Story Telling <input type="checkbox"/> Bible Story <input type="checkbox"/> Piñata <input type="checkbox"/> Puppet Show <input type="checkbox"/> Drama/Play <input type="checkbox"/> Clown / Entertainer <input type="checkbox"/> Face Painting <input type="checkbox"/> Other: _____
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