



## Community Partners Event Application & Guidelines

Since 1976, the Autism Treatment Center has assisted individuals with autism throughout their lives as they *learn, play, work* and *live* in the community.

By becoming a Community Partner you are helping us achieve our goals as we seek to give *hope* and *inspiration* to the children and adults of the Autism Treatment Center and their families.

**Give Hope. Change a Life. Build a Future.**



## Ready. Set. Raise!

### Who are Community Partners?

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Our *Community Partners* are generous people like you who have decided to organize a fundraiser/event benefitting the Autism Treatment Center.

### You've decided to have a fundraiser, what next?

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It is important to let ATC know about your event. Before getting started, the attached Event Application must be submitted for approval to:

For ATC Dallas:

Michelle Weatherspoon, ATC Development Coordinator  
10503 Metric Drive, Dallas, TX 75243  
mweatherspoon@atcoftexas.org FAX (972) 644-5650  
office (972) 644-2076 x106

For ATC San Antonio:

Cynthia Hamilton, ATC Development Director  
16111 Nacogdoches Rd, San Antonio, TX 78247  
chamilton@atcoftexas.org FAX (210)590-3143  
office (210) 538-0905

We will contact you within 5 business days of your application being received. Events deemed inappropriate, offensive, or not in line with ATC's mission will not be approved.

### It's time to start planning! Here are a few things to keep in mind:

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★ Once your event has been approved, it's all up to you. While we are truly grateful to our Community Partners, we are unable to help plan, promote or guarantee attendance or participation in your event.

★ We can provide use of our name and logo in promotion of your event. The appropriate name of the event beneficiary is:

**Autism Treatment Center**

Autism Treatment Center should not be used in the name of your event as a partner or event sponsor, but as the beneficiary only.

★ The ATC logo may not be altered. Use of the ATC logo is consented for a current event. A new Event Application and request for logo must be submitted for each new event.

★ Promotional materials (flyers, emails, posters, etc.) produced for the event should be reviewed by the ATC Development Department before distribution.

★ Know the mission of ATC. Knowing who you are supporting will aid in the success of your event. We would be happy to provide you with ATC information cards upon request.

*The mission of the Autism Treatment Center is to assist people with autism and related disorders throughout their lives as they learn, play, work and live in the community.*

★ Take pictures! We like to feature those who do so much for us on our website and Facebook page from time to time, and it's always great to have photos attached.

### Time to wrap things up

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★ Don't forget to say Thank You. From the participants, volunteers and donors to your fellow organizers, it's great to let them know you appreciate their support.

★ If provided with names and addresses of participants at your event, they will be added to ATC's mailing list to receive news and invitations to future events.

★ After your event, net proceeds should be delivered or mailed within 30 days of your event to:

Autism Treatment Center  
Attn: Michelle Weatherspoon  
10503 Metric Drive  
Dallas, TX 75243

★ All checks are to be made payable to:  
Autism Treatment Center



**Autism  
Treatment  
Center**

## Community Partners Event Application

Thank you for your interest in supporting the Autism Treatment Center (ATC). ATC could not do all that we do without our strong community partners. Please submit this Event Application to ATC prior to planning or publicizing your event. Completed applications may be sent to the appropriate office location listed on the Ready.Set.Raise! page of this packet.

Name of Person/Group/Organization planning event: \_\_\_\_\_

Brief description of your group/organization and, if any, the relationship to ATC or autism: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Location and Address: \_\_\_\_\_

Briefly describe the event and how funds will be raised (ticket price, auction, donations, raffle, etc.): \_\_\_\_\_

What is the fundraising goal amount? \_\_\_\_\_

How will the event be publicized? \_\_\_\_\_

Will the event benefit (check one):  ATC Dallas  ATC San Antonio  Both

**Please include on a separate sheet any other important information you would like us to know about your proposed event (special guests, sponsors, any other beneficiaries, etc.)**

THE PERSON/GROUP/ORGANIZATION SPONSORING THE EVENT ASSUMES ALL RISKS AND LIABILITIES ASSOCIATED WITH THE EVENT AND HEREBY RELEASES AND HOLDS HARMLESS AUTISM TREATMENT CENTER AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR INCLUDING, WITHOUT LIMITATION, ANY PERSONAL INJURIES OR DAMAGE TO PROPERTY WHICH MAY OCCUR IN CONJUNCTION WITH THE EVENT. AUTISM TREATMENT CENTER'S PARTICIPATION AS A BENEFICIARY IN NO WAY IMPLIES A BUSINESS AGREEMENT WITH ANY SPONSORS OR COMMITTEE MEMBERS.

I agree on behalf of the person/group/organization that I represent that Autism Treatment Center (ATC) will receive all proceeds from the event within 30 days of the event or within alternative terms mutually agreed upon. I agree that all printed materials and publicity for the event must be reviewed by ATC prior to being released, printed, etc. and that I will abide by the Community Events Policies and Guidelines provided by Autism Treatment Center.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_