

## Arkansas Children's Hospital Mock Party Information

Name of Group \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_  
\_\_\_\_\_

Phone _____	Home
_____	Work
_____	Cell
_____	Message

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_  
\_\_\_\_\_

Place of Event \_\_\_\_\_  
\_\_\_\_\_

Brief Description of Program/Project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will any money be raised for this event? If so, what types of fundraisers will be held?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will any businesses or organizations be solicited? If so, please list.

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Anticipated number of participants for the event

Any additional information:

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*ACH Volunteer Services  
800 Marshall Street Slot 108  
Little Rock, AR 72202*

*(501) 364-1825 Phone  
(501) 364-6251 Fax*