

APPLICATION
Special Events, Benefits, and Promotions to Benefit
the Susan G. Komen Breast Cancer Foundation
North Texas Affiliate

The North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation is accountable to the public for all fundraising activities using the Komen name. Please read the Special Events Guidelines (download from our webpage) before completing this application.

Date of Application: _____

Organization or Group: _____

Contact: _____

Email: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ **Fax** _____

Event Promotion: _____

Description of Event: _____

Date(s): _____

Hours: _____

Location: _____

Money generated through: _____

Sponsors/Underwriters: _____

Budget Information: (Please attach details)

Projected Income: _____

Projected Expenses: _____

Projected Donation: _____

Publicity/Promotion: (Please list all areas, i.e. brochures, radio, print ads, television, etc.)

Insurance: (Copies of necessary insurance with Komen listed as additional insured must be submitted to the Komen North Texas Affiliate 30 days prior to the event)

Company: _____

Type and Amount: _____

Please note: If a sporting event, copy of participant waiver must be submitted 30 days prior to event.

Will other charitable organizations benefit? If so, please name and describe extent to which they will benefit.

Assistance needed from the Komen North Texas Affiliate:

Applicant has read the attached Guidelines for Conducting Special Events, Benefits or Promotions and agrees to abide by them. Applicant understands that approval must be granted by Komen North Texas Affiliate and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. The North Texas Affiliate of the Susan G. Komen Breast Cancer Foundation shall not be liable to any vendor or other third party for any fees, costs, or payments of any kind associated with the event, and Applicant agrees to indemnify and hold harmless the Komen North Texas Affiliate against any such claims by third parties or vendors for said fees, costs, or payments.

Applicant Signature: _____

Printed Name: _____

Date: _____

Please return completed application to:

The Susan G. Komen Breast Cancer Foundation
North Texas Affiliate
PO Box 261730
Plano Texas 75026
Fax 972-378-4809