



Third Party Fundraising Event Application

Please return completed form to:

Susan G. Komen® Missouri
 1002 Hi-Pointe Place, Suite 100, St. Louis, MO 63117
 or e-mail info@komenmissouri.org

Event Specifics

Application Date: _____ Event Date: _____

Event Name: _____

Start Time/End Time: _____

Event Location/Address: _____

Event Description: (Please describe in detail, the proposed event and how the donation will be generated. Examples: 100% of entry free, 50% of product selling price, \$10 for every T-shirt sold, etc.)

Expected number of attendees:	
Potential Sponsors/Underwriters:	
Planned Publicity/Promotion: (i.e., print ads, radio, TV, brochures, etc.)	
Is Komen Missouri the sole beneficiary of this event?	Yes () NO () If no, please name other beneficiaries and describe extent:
Event/Activity listed on the Komen Missouri website; if you would like us to include a link to your website, please list URL:	Yes () NO () Link: _____
Komen Educational Materials Needed: <i>Limit is 100 of each due to expense to produce materials</i>	() Breast Health Self-Awareness cards () Pamphlets () Donation Envelopes Quantity: _____
Komen Representative/Speaker:	If you would like a Komen representative/speaker, please fill out attached speaker request form.
Breast Health Education Booth	Yes () NO ()

Can you provide comprehensive general liability insurance in the amount of \$1,000,000.00 IF required?

YES () NO ()

Company: _____

Type and Amount: _____

Budget Information		
Projected Gross Income	Projected Expenses	Projected Donation

Please attach any additional budget details

Contact Information

Contact Person/Title: _____

Organization/Company: _____

Street Address: _____

City, State, Zip Code : _____

Telephone/Fax: _____

Email: _____

Applicant has read the *Fundraising Partnership Guidelines for Events/Initiatives Benefiting Susan G. Komen® Missouri* and agrees to abide by them. Applicant understands that approval must be granted by Komen Missouri and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. Susan G. Komen® Missouri is not liable to any vendor or other third party for any fees, costs, or payments of any kind associated with the event, and the Applicant agrees to indemnify and hold harmless Komen Missouri against any such claims by third parties or vendors for such fees, costs, or payments.

Signature: _____ Date: _____

- **When we receive this completed form, upon approval we will prepare and send you our standard Letter of Agreement (typically takes 10 business days).**
- **Please do not forget to send us final copies of any promotional/publicity materials.**