



**2011-2012  
Application for Special Event, Benefit, or Promotion**

Please read the enclosed Guidelines before completing this application.  
Once completed, send the application form to:

South Florida Affiliate of Susan G. Komen for the Cure®  
At Good Samaritan Medical Center  
1309 North Flagler Drive, 5<sup>th</sup> Floor  
West Palm Beach, FL 33401

Please submit your application no later than 4 weeks prior to the event.  
You may fax the application to 561-514-3531 or e-mail [amanda@komensouthflorida.org](mailto:amanda@komensouthflorida.org).

Date of Application: \_\_\_\_\_

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

Date/Time of Proposed Event: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Location of Proposed Event: \_\_\_\_\_

Organization or Group Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Proposed Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you generate money? \_\_\_\_\_

\_\_\_\_\_

Potential Sponsors/Underwriters: \_\_\_\_\_

\_\_\_\_\_

Estimated Number of participants in event: \_\_\_\_\_

Budget Information: (please attach details)

Projected Income: \_\_\_\_\_

Projected Expenses: \_\_\_\_\_

Projected Donation: \_\_\_\_\_

**(\*Please note that we require a guaranteed minimum donation of \$1,000 per event or \$2,000 for an ongoing promotion.)**

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

\_\_\_\_\_  
\_\_\_\_\_

**(\*All printed or proposed promotions, releases, articles that utilize the South Florida Affiliate of Susan G. Komen for the Cure® logo or name must be approved by the Komen South Florida Affiliate prior to use.)**

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

Insurance Company: \_\_\_\_\_

Type and Amount: \_\_\_\_\_

**(\*Please note: If you are conducting a sporting event a copy of participant waiver must be submitted 30 days prior to event.)**

Will other charitable organizations benefit? If so, please name and describe the extent.

\_\_\_\_\_  
\_\_\_\_\_

Assistance requested of the Komen South Florida Affiliate:

\_\_\_\_\_  
\_\_\_\_\_

*Applicant has read the attached Guidelines for Conducting Special Events, Benefits, or Promotions to Benefit the Komen South Florida Affiliate and agrees to abide by them. Applicant understands that approval must be granted by Komen South Florida Affiliate and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. The South Florida Affiliate of Susan G. Komen for the Cure® 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 South Florida Affiliate against any such claims by third parties or vendors for said fees, costs, or payments.*

Signature: \_\_\_\_\_