

**Application to Conduct a Special Event, Benefit, or Promotion
for the Arkansas Affiliate of Susan G. Komen for the Cure**

(Please read the guidelines found online before completing this application.)

Date of Application: _____

Organization or Group: _____

Are you a non-profit organization?: _____

Contact: _____

Email: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

Name of Proposed Event: _____

Is this a first time Event?: _____

Description of Proposed Event:

Date/Time/Location: _____ Rain date (if an event): _____

How will you generate money (i.e. ticket sales, entry fees, etc...)?

Potential 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 Arkansas Affiliate 30 days prior to the event)

Company: _____

Type and Amount: _____

Please note: *If a sporting event, copy of the participant waiver must be submitted to Komen before event registration begins.*

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

Assistance needed from the Komen Affiliate:

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

Applicant Signature:

Printed Name:

Once completed, send the application to:

Arkansas Affiliate of
Susan G. Komen for the Cure
904 Autumn Road, Ste 500
Little Rock, AR 72211

You may fax the application form to (501) 975-2502
If you have any questions about the guidelines or application please call (501) 202-4399