

Susan G. Komen for the Cure Southwest Florida Affiliate Application Form
for Special Events, Benefits or Promotions

Please read the attached guidelines before completing this application.
Once completed, send the application form to:

Miriam Ross
Susan G. Komen Southwest Florida Affiliate
26800 S. Tamiami Trail, Suite 150
Bonita Springs, FL 34134

You may also fax the application form to (239)498-0455 or email to miriam@komenswfl.org. Or you may call us at (239)498-0016 if you have any questions about the guidelines or form.

Once the application form is received, it will be reviewed for consideration and approval. We will contact you within one week to discuss the details of the event.

Name of event: _____

Date/Time/Location: _____ Rain date: _____

Name of your Organization: _____

Contact Person: _____

Email: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax _____

Event Description: _____

How will you raise money? _____

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. you have planned)

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

Company: _____

Type: _____

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

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

Assistance needed from Komen Southwest Florida:

Applicant has read the attached Guidelines for Charitable Special Events, Benefits or Promotions and agrees to abide by them. The Susan G. Komen for the Cure Southwest Florida Affiliate is not liable to any party or vendor for any fees, costs, or payments of any kind, and Applicant agrees to indemnify and hold harmless the Affiliate against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this agreement.

Signature(s): _____

Today's Date: _____

