



## THIRD PARTY EVENT APPLICATION

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

### THIRD PARTY

Company Name \_\_\_\_\_

Website Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Event

Event Name \_\_\_\_\_

Date of Event/Time \_\_\_\_\_ Location \_\_\_\_\_

Event Description \_\_\_\_\_  
\_\_\_\_\_

Donation Specifics (i.e. 75% of sales, 100% of raffle, etc) \_\_\_\_\_  
\_\_\_\_\_

Minimum Donation Amount (this is a guaranteed amount) \_\_\_\_\_

Description of Event Promotions \_\_\_\_\_

Potential Sponsors and Underwriters \_\_\_\_\_  
\_\_\_\_\_

- Please note that the name Acadiana Affiliate of Susan G. Komen for the Cure and Komen Acadiana, as well as the term “for the Cure” are all trademarked by Susan G. Komen for the Cure and **can not be used without permission**.
- Komen Acadiana will provide breast health educational materials if requested at least 3 weeks prior to event.
- Fundraising proceeds and accounting must be provided no later than 60 days from conclusion of event.
- Because of the critical support we at Komen Acadiana receive from corporations, we do not share our sponsor contact information, nor do we allow organization to solicit corporate support on our behalf.
- Prior to printing, publication or distribution, any and all promotional materials and scripts of all statements, oral and written which use or refer to Komen Acadiana or its licensed marks, must be presented to Komen Acadiana for approval
- Insurance: (Copies of necessary insurance with Komen (National & Local) listed as additional insured must be submitted to the Komen Acadiana Affiliate 30 days prior to the event)

### Organizer Contact Information

Name \_\_\_\_\_ Affiliation with Event \_\_\_\_\_

Shipping Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Applicant affirms that by signing that they have read and agree to adhere to the Fundraising Guidelines. The Acadiana Affiliate of Susan G. Komen for the Cure is not liable to any party or vendor for any fees, costs, or payments of any kind. Applicant agrees to indemnify and hold harmless Komen Acadiana against any claims by third parties or vendors for such fees, costs or payment incurred pursuant to this agreement. The parties in this agreement are not joint ventures, partners nor representatives of each other and such parties have not legal relationship.

Authorized Signer \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please allow 3 weeks from submission of application for response.  
Submit by fax to 337-993-5745 or email to [coordinator@komenacadiana.org](mailto:coordinator@komenacadiana.org)