



## Third Party Event Application Form to Benefit the Acadiana Affiliate of Susan G. Komen for the Cure

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

Organization: \_\_\_\_\_

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

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

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

Daytime phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Date(s): \_\_\_\_\_

Rain date(s): \_\_\_\_\_

Hours: \_\_\_\_\_

Location: \_\_\_\_\_

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

\_\_\_\_\_

Budget Information (Please attach details.)

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

Projected Expense: \_\_\_\_\_

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

Publicity/Promotion (list all media, e.g., brochures, radio, print ads, television, etc.): \_\_\_\_\_

\_\_\_\_\_

Assistance needed from the Acadiana Affiliate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance (Submit copies of necessary insurance to the Komen Acadiana Affiliate 30 days prior to the event.)

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

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

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

*Applicant has read the Third Party Event General Information and Guidelines and agrees to abide by them. 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, and Applicant agrees to indemnify and hold harmless the Organization against any claims by third parties or vendors for such fees, costs or payments incurred pursuant to this agreement.*

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

Date: \_\_\_\_\_

Please return completed form to:

Acadiana Affiliate of Susan G. Komen for the Cure  
P.O. Box 51597  
Lafayette, LA 70505