



Application to Conduct a Special Event, Benefit or Promotion

Date of Application: _____

Organization or Group: _____

Contact: _____

Email: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

Name of Proposed Event: _____

Description of Proposed Event: _____

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

How will you generate money? (Please state specifically how money will be generated – ex.: 100% of proceeds, \$10 for each t-shirt sold, 50% of entry fees, etc.)

Budget Information: (Please attach details)

Projected Income	Projected Expenses	Projected Donation

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

Company: _____

Type and Amount: _____

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

Potential Sponsors/Underwriters: _____

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

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

Assistance Requests: While we cannot promise the availability of the following, we will do our best to accommodate your request. Please list what assistance you would like from Komen Louisiana:

_____ Breast Health Educational Materials. Please indicate number required: _____

_____ Komen Representative. Please indicate date and time range: _____
(depending on availability and adequate advance notice)

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

Applicant Signature: _____

Please read the attached guidelines before completing this application. Once completed, send the application to:
You may fax the application form to 225.454.6827 or e-mail info@komenlouisiana.org
If you have any questions about the guidelines or application please call 225.615.8740 or 318-966-8130.