



**Application to Conduct a Special Event, Fundraiser or Promotion
to benefit the Nevada Affiliate of Susan G. Komen®**

Date of Application: _____

Las Vegas Office: _____ Reno Office: _____ (please select)

Organization or Group: _____

Contact Name: _____

Email: _____

Address: _____

City, State, Zip: _____

Mobile Phone: _____ Work Phone: _____

Fax number: _____

Website: _____

Name of Proposed Event: _____

Description of Proposed Event: (may continue on an additional paper) _____

Event Date & Time: _____

Location of Event: _____

How will you generate funds at your event for Susan G. Komen? _____

What is the expected amount of contribution to the Komen Nevada Affiliate?

Potential Sponsors/Underwriters: _____

Budget Information: (Please attach details)

Projected Income: _____

Projected Expenses: _____

Projected Donation: _____

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

Will you be asking for permission to use the Komen organization name and/or logo in your advertising? _____

If yes, please describe: (i.e., brochures, radio, print ads, television, etc.) _____

A guaranteed minimum donation may be required to use the Komen name and/or logo. Amount will be determined in the contract.

Insurance Info if Requested by Affiliate: (Copies of necessary insurance with Komen listed as additional insured must be submitted to the Komen Nevada Affiliate 30 days prior to event)

Company: _____

Type and Amount: _____

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

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

Assistance needed from Komen Nevada: _____

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

Applicant Signature: _____

Print Name: _____ Date: _____

Las Vegas Office ~ once completed, fax the application form to 702.877.2455 or email Bridget Branch at bbranch@komennevada.org.

Reno Office ~ once completed, email the application form to Heather Goulding at hgoulding@komennevada.org.