



**Application to Conduct a Special
Event, Benefit, or Promotion to
benefit the Tri-Cities Affiliate
of Susan G. Komen for the Cure**

Affiliate Name: Komen Tri-Cities

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? _____

Potential 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.)

Insurance: (Copies of necessary insurance with Komen listed as additional insured must be submitted to the Komen Tri-Cities Affiliate 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.*

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

Assistance requested from the Komen Tri-Cities Affiliate:

Applicant has read the attached Guidelines for Conducting Special Events, Benefits or Promotions to Benefit the Komen Affiliate and agrees to abide by them. Applicant understands that approval must be granted by Komen Tri-Cities Affiliate and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. The Tri-Cities Affiliate of Susan G. Komen for the Cure 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 ___ Affiliate 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:

Komen Tri-Cities Affiliate
P.O. Box 5836
Kingsport, TN 37663

You may e-mail chyoland@gmail.com

If you have any questions about the guidelines or application please call 423-354-0111.