

# Application

## Special Events and Promotions to Benefit the Susan G. Komen Breast Cancer Foundation Northeastern New York Affiliate

The Susan G. Komen Breast Cancer Foundation Northeastern New York Affiliate is accountable to the public for all fundraising activities using the Komen name. Please read the Guidelines for Special Events and Promotions before completing this application.

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

**Organization:**

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

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

City, State, ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

**Event/Promotion:**

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Money generated by: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Sponsors/underwriters: \_\_\_\_\_

\_\_\_\_\_

**Budget Information** (please attach details)

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

Projected Expenses: \_\_\_\_\_

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

**Publicity/Promotion Plan** (please list all areas, i.e., brochures, radio, print ads, television, etc.)

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**Assistance Needed from Komen Northeastern New York Affiliate:**

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**Insurance:**

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

Type: \_\_\_\_\_

**(Please note:** Copies of necessary insurance with Komen listed as an additional insured must be submitted to the Komen Northeastern New York Affiliate 30 days prior to the event. If you are planning a sporting event, you must also submit a copy of the participant waiver to the Affiliate 30 days prior to the event.)

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

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***Applicant has read the Guidelines for Special and Events and Promotions to Benefit the Susan G. Komen Northeastern New York Affiliate and agrees to comply with them. The Komen Northeastern New York Affiliate is not liable to any party or vendor for any fees, costs, or payments of any kind. The applicant agrees to indemnify and hold harmless the Foundation against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this agreement.***

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

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

Please return the completed application to:

**Special Events Coordinator  
Susan G. Komen Breast Cancer Foundation Northeastern New York Affiliate  
P.O. Box 13535  
Albany, NY 12212-3535**