



Application to Conduct a Special Event, Benefit, or Promotion
to benefit the
Idaho Montana Affiliate of Susan G. Komen®

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 Idaho Montana 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 needed from the Komen Idaho Montana Affiliate: check one

YES

NO

*Applicant has read the attached Guidelines for Conducting Special Events, Benefits or Promotions to Benefit the Komen Idaho Montana Affiliate and agrees to abide by them. Applicant understands that approval must be granted by Komen Idaho Montana Affiliate and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. The Idaho Montana Affiliate of Susan G. Komen® 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 Idaho Montana Affiliate against any such claims by third parties or vendors for said fees, costs, or payments. **Minimum donation is \$1,000.00 paid to Komen Idaho Montana 30 days after event is over unless prior arrangements have been made with Komen Idaho Montana.***

Applicant Signature:

Please read the attached guidelines before completing this application. Once completed, send the application to:

*Susan G. Komen, Idaho Montana Affiliate
1203 S Five Mile Rd
Boise, ID 83709*

You may fax the application form to 208-384-0014 or e-mail to
info@komenidahomontana.org

If you have any questions about the guidelines or application please call 208-384-0013