



**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 Baton Rouge 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 Baton Rouge:

\_\_\_\_\_ 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 Baton Rouge and agrees to abide by them. Applicant understands that approval must be granted by Komen Baton Rouge and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. Susan G. Komen Baton Rouge 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 Baton Rouge 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:**  
**PO Box 14615, Baton Rouge, LA 70898**  
**You may fax the application form to 225.454.6827 or e-mail [coordinator@komenbatonrouge.org](mailto:coordinator@komenbatonrouge.org)**  
**If you have any questions about the guidelines or application please call 225.615.8740.**