

Application to Conduct a Special Event, Benefit, or Promotion  
to benefit the  
Madison Affiliate of the Susan G. Komen Breast Cancer Foundation

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Affiliate Name: \_\_\_\_\_

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.)

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

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**Assistance needed from the Komen Madison Affiliate:**

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

Applicant Signature:

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

P.O. Box 44531, Madison, Wisconsin 53744-4531

e-mail [info@komenmadison.org](mailto:info@komenmadison.org)

If you have any questions about the guidelines or application please call (800) 435-3405.