

**Los Angeles County Affiliate  
Susan G. Komen for the Cure**  
11845 W. Olympic Blvd. Suite 645W  
Los Angeles, CA 90064  
310.575.3011

Application to Conduct a Special Event, Benefit, or Promotion to benefit the Los Angeles  
County Affiliate

As a public charity, the Los Angeles County Affiliate of Susan G. Komen for the Cure, Inc., is accountable to the public for all fundraising activities using Komen's name. Please read and complete this application. Completion of this application does not guarantee approval. The Affiliate will contact you upon review of this application. (If you do not receive a reply in two weeks from date sent, please call.) Please return to the Komen Los Angeles County Affiliate office via Fax No 310.477.7042

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

**Organization/Business**

**Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Title** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Telephone (Day):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Proposed Event:** \_\_\_\_\_

**Description of Proposed Event:** \_\_\_\_\_

\_\_\_\_\_

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

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

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

**How will you generate money?** \_\_\_\_\_

What is the expected amount of contribution to the Komen Los Angeles County Affiliate  
\_\_\_\_\_?

Other 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.)

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

Will you be asking to use the Komen Foundation name in your advertising? \_\_\_\_\_

\_\_\_\_\_

If yes please describe: (i.e., brochures, radio, print ads, television, etc. Please list  
all areas.): \_\_\_\_\_

\_\_\_\_\_

Do you wish to use Komen logos? \_\_\_\_\_

***If you will be using our name and logo, a guaranteed minimum may be required to use the Komen logo. Amount to be determined in contract.***

Will you be inviting a representative of the Komen Foundation to attend the event? Will you be asking them to speak/present. If yes, please describe.

\_\_\_\_\_

Will you be asking for assistance from the Komen Los Angeles County Affiliate Foundation? If so what type of assistance?

\_\_\_\_\_

\_\_\_\_\_

Insurance: (Copies of necessary insurance with Komen listed as additional insured must be submitted to the Komen Los Angeles County Affiliate 30 days prior to the event)

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

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

**Please note:** If a sporting event, copy of participant waiver must be submitted 30 days prior to event.

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

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

*Los Angeles County Affiliate, Susan G. Komen for the Cure  
11845 W. Olympic Blvd. Suite 645W  
Los Angeles, CA 90064*

You may fax the application form to 310.477.7042

If you have any questions about the guidelines or application please call 310.575.3011