

Komen Maryland
Application Form for Special Events, Benefits or Promotions

Please read the attached guidelines before completing this application.

Once completed, send the application form to:

Komen Maryland
200 E. Joppa Road, Suite 407
Towson, Maryland 21286

Fax the application form to (410) 321-9208. If you have any questions about the guidelines or form call
(410) 938-8990 or e-mail **Brittany Fowler at bfowler@komenmd.org**.

Once the application form is received, it will be reviewed for consideration and approval.

We will contact you ASAP to discuss the details of the event.

Name of event:

Date/Time/Location:

Rain date:

Name of your organization:

Contact person:

Email:

Address:

City, State, Zip:

Daytime Phone:

Fax:

Name that will be on proceeds check**:

****Please include the event name, as it appears on the Letter of Agreement, on the memo line of the check.**

Approximate date after event check will be mailed:

Event description:

How will you raise money?:

Sponsors/Underwriters:

Portion of the donation coming to Komen Maryland*:

***Example: \$5 of every ticket sold, 10% of the proceeds from the sale of a specific item, etc.**

Budget Information: (Please attach details)

Projected Number of Participants:

Projected Income:

Projected Expenses:

Projected Donation:

* Minimum Guarantee:

***Minimum Guarantee of less than \$5,000**

- 1.) Use of the organization name in promotional materials – “Maryland Affiliate of Susan G. Komen for the Cure®”
- 2.) Post on the Komen MD Web site (www.komenmd.org) – calendar listing
- 3.) Inclusion in the monthly Newsletter – calendar listing one (1) month prior to event date

***Minimum Guarantee of \$5,000 or more grants the following marketing opportunities:**

- 1.) Limited use of Komen Maryland logo
- 2.) Facebook post promoting the event
- 3.) Inclusion in monthly Newsletter – Spotlight section and calendar listing one (1) month prior to event date
- 4.) Post on Komen MD Web site (www.komenmd.org) – calendar listing

***Minimum Guarantee of \$10,000 or more grants the following marketing opportunities:**

- 1.) Use of Komen Maryland logo
- 2.) Facebook post promoting the event
- 3.) Inclusion in monthly Newsletter – Spotlight section and calendar listing one (1) month prior to event date
- 4.) Posts on Komen MD Web site (www.komenmd.org) – calendar listing and homepage (space available)

Calendar Listing: In order to post your event the calendar page of our website, you will need to provide a short blurb of 125 words or less. Please include links if appropriate. Komen MD reserves the right to edit listings.

Publicity/Promotion: Please list all areas, i.e. brochures, radio, print ads, television, etc. you have planned.

Insurance: Copies of necessary insurance with both Susan G. Komen for the Cure® and Maryland Affiliate of Susan G. Komen for the Cure® listed as additional insured should be submitted to Komen Maryland 30 days prior to the event.

Company:

Type:

Please note: If you are planning a sporting event, a copy of the **participant waiver** must be submitted 30 days prior to event. Waiver provided with Letter of Agreement upon approval of event.

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

Assistance needed from Komen Maryland:

Would you like Komen to provide educational materials for your event? Yes No

Would you like a Komen Representative to attend or assist with your event? Yes No

Please note: Due to budget constraints, our policy states that Komen MD representatives attending an event are not liable for purchasing tickets to the event.

Applicant has read the attached Guidelines for Charitable Special Events, Benefits or Promotions and agrees to abide by them. The Maryland Affiliate of Susan G. Komen for the Cure (Komen Maryland) is not liable to any party or vendor for any fees, costs, or payments of any kind, and applicant agrees to indemnify and hold harmless Komen Maryland against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this agreement.

Signature(s): _____

Today's Date:

A Letter of Agreement will be forthcoming to you upon review and approval of the application.