



*Application to Conduct a Special Event, Benefit, or Promotion
benefitting The San Francisco Bay Area Affiliate of Susan G. Komen®*

Affiliate Name: San Francisco Bay Area Affiliate of Susan G. Komen®

Date of Application: _____

Organization or Group: _____

Contact Name: _____

Email: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

Name of Event: _____

Description of Event: _____

Date/Time/Location: _____ Rain date (if an event): _____

How will you generate revenue? _____

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: Depending on the nature of your third party event or promotion, you may be required to maintain comprehensive general liability insurance in the amount of one million-dollars (\$1,000,000.00), which covers liability for bodily injury, property damage or death arising out of your third party event or promotion. If this insurance is required; you must also name **“The Susan G. Komen Breast Cancer Foundation, Inc.” and the “San Francisco Bay Area Affiliate of the Susan G. Komen Breast Cancer Foundation” as additional insured on your comprehensive general liability policy solely with respect to the event/promotion.** You will need to provide the Komen San Francisco Bay Area Affiliate with a certificate of insurance evidencing this coverage not later than thirty (30) days prior to the event/activity. **The Affiliate will advise you if such coverage is required as part of the review of your event request.**

Insurance Company: _____

Type and Amount: _____

Please note: *If a sporting event, your participant waiver must include both Komen entities listed above. Waiver must be submitted to our Affiliate 30 days prior to event.*

Will other charitable organizations benefit? If so, please name and describe extent.

Assistance needed from the Komen Affiliate:

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

**Komen San Francisco Bay Area
1426 Fillmore Street, Suite 318
San Francisco, CA 94115**

Or you may fax the application form to 415-397-8817 or e-mail admin@komensf.org
If you have any questions about the guidelines or application please call 415-397-8812.