



Please return completed form to:
Susan G. Komen for the Cure - Minnesota Affiliate
Mall of America
301 South Avenue
Bloomington, MN 55425
Fax 952-746-1763 or events@komenminnesota.org

Fundraiser / Event Application

Name of Event: _____ Event Date: _____

Event Location: _____ Event Hours: _____

Event Description:

Expected number of Attendees: _____ Expected Donation Amount: _____

Targeted Audience (Gender, age, survivors, etc.)

Event Publicity or Promotion:

Potential Sponsors / Underwriters:

- Komen Minnesota will provide breast health educational materials if given 10 days notice in advance of event.
• Event proceeds and accounting must be provided no later than 30 days after the conclusion of the event.
• Because of the critical support we, at Komen Minnesota, receive from corporations, we do not share our sponsor, participant or volunteer contact information, nor do we allow organizations to solicit corporate support on our behalf.
• Prior to printing, publication, or distribution of the promotional materials which use or refer to Komen Minnesota or its licensed marks, must be presented to Komen Minnesota for approval.

Contact Information:

Name: _____ Phone: _____

Address: _____

City, State, Zip:

E-mail: _____

Applicant affirms by signing that they have read and agree to adhere to the Third Party Event Policies. The Minnesota Affiliate of Susan G. Komen for the Cure (Komen Minnesota) is not liable for any party or vendor for any fees, costs, or payments of any kind. Applicant agrees to indemnify and hold harmless Komen Minnesota against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this agreement. The parties in this agreement are not joint ventures, partners nor representatives of each other and such parties have no legal relationship.

Signature _____ Date _____

Form box containing: For Office Use Only, Logos, Literature, Entered, Donation Amt Rec'd, Notes