



# Third Party Community Event Agreement

Susan G. Komen® Northwest NC is accountable to the public for all fundraising activities using our name. The following information will be used to determine if and how our Affiliate will be able to participate.

EVENT TYPE:  Fundraiser  Health Fair/Education  Speaking Engagement  
 Medical  Volunteer  Survivor  Other \_\_\_\_\_

(please print)

HOST/ORGANIZER: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

EVENT TITLE/NAME: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

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

Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUDIENCE/ATTENDEES:**

General Public  Survivors  Volunteers  Health professionals  
 Seniors  Young Adults  Teens/Children  African-American  
 Hispanic

Estimated total number: \_\_\_\_\_

**FUNDRAISING** (if applicable):

(please be as specific as possible regarding how funds will be raised and what percentage/portion will go to Affiliate):

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

If you would like help and/or ideas about possible fundraising opportunities, please see our Fundraising 101 packet at <http://www.komennorthwestnc.org/>

**PUBLICITY** (how you will promote the event):

- Promo materials (brochures, posters, etc...)       Standard media (radio/TV/newspaper)
- Social media (Facebook, Twitter, etc...)
- Other: \_\_\_\_\_

*All materials using Affiliate name/logo must be approved by Affiliate prior to production/ distribution.*

**PLEASE LIST EVENT SPONSORS/UNDERWRITERS?**

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**PLEASE LIST OTHER CHARITABLE ORGANIZATIONS THAT WILL BE PRESENT OR BENEFIT?** If so, please describe extent to which each will benefit:

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**GUARANTEED MINIMUM DONATION:**

In order for the Affiliate to be involved and provide available resources and promotional benefits, please select one of the following options:

<input type="checkbox"/> \$250	<ul style="list-style-type: none"><li>✓ Use of Affiliate <u>name</u> on promotional materials</li><li>✓ Event promotion through Affiliate Calendar of Events</li></ul>
<input type="checkbox"/> \$250 to \$999	<ul style="list-style-type: none"><li>✓ Breast health educational materials</li><li>✓ Use of Affiliate <u>name</u> on promotional materials</li><li>✓ Event promotion through Affiliate Calendar of Events and E-Blast</li></ul>
<input type="checkbox"/> \$1,000 to \$2,499	<ul style="list-style-type: none"><li>✓ Breast health educational materials</li><li>✓ Use of Affiliate <u>logo</u> on promotional materials</li><li>✓ Event promotion through Affiliate Calendar of Events, E-Blast and website</li><li>✓ Affiliate table display and volunteer</li></ul>
<input type="checkbox"/> \$2,500 or more	<ul style="list-style-type: none"><li>✓ Breast health educational materials</li><li>✓ Use of Affiliate <u>logo</u> on promotional materials</li><li>✓ Event Promotion through Affiliate Calendar of Events, E-Blast, website, and Social Media outlets</li><li>✓ Affiliate table display and volunteer(s)</li><li>✓ Survivor speaker (based upon availability)</li><li>✓ Affiliate banner for event display (if available)</li></ul>

**INSURANCE:**

Event organizers may be required to obtain the necessary permits and insurance. Susan G. Komen® Northwest NC and all related entities cannot assume any type of liability for your event.

A Certificate of Liability Insurance may need to be submitted with the signed copy of the Agreement.

Event organizer has read the enclosed Third Party Community Event Guidelines and agrees to abide by them. Susan G. Komen® Northwest NC 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 the local Affiliate and Susan G. Komen® national organization against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this Agreement.

Please contact the Affiliate with any questions or concerns that you may have regarding insurance requirements.

Event Organizer Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return completed form to:** Komen Northwest NC  
ATTN: Megan Wood  
1106 Burke Street  
Winston-Salem, NC 27101

via fax: 336-721-0681      via e-mail: [mwood@komennorthwestnc.org](mailto:mwood@komennorthwestnc.org)

**EVENT APPROVAL:**

Event approval can take up to two weeks depending on type of event. Please allow ample time for an event to be approved. Once an event is approved a signed copy of the Third Party Community Event Agreement form will be sent to the event organizer for their records.

Event was approved by: \_\_\_\_\_ on \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS SECTION FOR AFFILIATE USE ONLY**

**VOLUNTEERS:**

Number of volunteers needed: \_\_\_\_\_

Volunteers are needed to:

- staff information table/hand out materials/operate prize wheel
- speak to attendees/make a presentation
- Volunteers are not needed

**MATERIALS NEEDED:**

- None       General       Patient       Survivor       Health professional
- Young adults       Children       African-American       Hispanic

**ADDITIONAL NEEDS:**

- Supplies bin       Prize wheel       Tri-fold table display       Door prizes  
 Give away items       Other: \_\_\_\_\_

**AFFILIATE EVENT PROMOTION:**

- Affiliate online calendar  
 E-blast      Approx. date: \_\_\_\_\_  
 Facebook/Twitter      Approx. date: \_\_\_\_\_