

Once completed, please send the following application to:

Attn: Special Events 12700 N. Featherwood Dr., Suite 260 Houston, TX 77034
You may fax the application form to 281.464.2743 or e-mail events@therose.org If you
have any questions about the guidelines or application please call 281.464.5165.

Date of Application: _____

Business/Organization/Group: _____

Event Contact: _____

Email: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ **Fax:** _____

Proposed Fundraiser Name: _____

Proposed Fundraiser Description: _____

Fundraiser Date: _____ **Rain date (if applicable):** _____

Fundraiser Time: _____

Fundraiser Location: _____

How will you generate money? _____

Potential Sponsors/Underwriters: _____

Budget Information: (Please attach details)

Estimated Income: _____

Estimated Expenses: _____

Estimated Donation: _____

Publicity/Promotion: (Please list all areas, i.e. brochures, radio, print ads, television, etc.)

Insurance (if applicable): (Copies of necessary insurance with The Rose listed as additional insured must be submitted to The Rose 30 days prior to the event)

Company: _____

Type and Amount: _____

Please note: If a high risk event, copy of participant waiver must be submitted 30 days prior to event. A waiver to cover The Rose must be in place.

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

Assistance needed from The Rose: (speaker, flyers, brochures, etc.)

Applicant has read the Guidelines for Conducting Special Events, Fundraisers or Promotions to Benefit The Rose Non-Profit Breast Cancer Organization and agrees to abide by them. Applicant understands that approval must be granted by The Rose and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. The Rose 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 Rose against any such claims by third parties or vendors for said fees, costs, or payments.

Applicant Signature

Date

The Rose Signature/Approval of Event

Date