



# NEUROENDOCRINE TUMOR RESEARCH FOUNDATION

DEDICATED TO CURING NEUROENDOCRINE CANCER

## Community Fundraising Event Application

Before a Community Fundraising Event is held, the Neuroendocrine Tumor Research Foundation (NETRF) must approve this application. Return the completed application **at least 90 days prior** to the proposed event date to Steve Perna, [steve.perna@netrf.org](mailto:steve.perna@netrf.org).

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Person/Group/Company Planning Event: \_\_\_\_\_

Name of Individual Responsible: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Proposed Event: \_\_\_\_\_

Date and Time of the Event: \_\_\_\_\_

Location of the Event (Venue) \_\_\_\_\_

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

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

Is the event is: Open to public \_\_\_\_ By invitation only \_\_\_\_

Ticket price (Admission, fees, etc. if applicable) \$ \_\_\_\_\_

For publicity purposes, a phone number, email address and website (if relevant), that can be publicly listed: \_\_\_\_\_

Has this event taken place before? Yes \_\_\_\_ If so, when \_\_\_\_/\_\_\_\_/\_\_\_\_ No \_\_\_\_

Are there other beneficiaries besides NETRF? YES \_\_\_\_ NO \_\_\_\_

If so, which organization(s): \_\_\_\_\_

Does your, or any other company plan to match the amount you raise? YES \_\_\_\_ NO \_\_\_\_

Briefly describe the event and how funds will be raised (e.g. ticket sales/fees, sponsorships, auction(s) - silent or live, raffle, etc) – attach separate sheet if necessary:

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Why have you chosen to direct the proceeds from your event to NETRF?

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How will the event be publicized (e.g. press releases, flyers, radio/TV, printed ads)?

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Does your event require a license or permit? YES \_\_\_ NO \_\_\_

***Please complete the budget form and include it with this application***

Please note: All businesses that you plan to solicit for cash or in-kind support (products or services) **MUST** be listed on the reverse of this application.

***THE ORGANIZATION SPONSORING THE EVENT ASSUMES ALL RISKS AND LIABILITIES ASSOCIATED WITH THE EVENT AND HEREBY RELEASES AND HOLDS HARMLESS NETRF AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR WHICH MAY OCCUR IN CONJUNCTION WITH THE EVENT, INCLUDING WITHOUT LIMITATION, ANY PERSONAL INJURIES OR DAMAGE TO PROPERTY WHICH MAY OCCUR IN CONJUNCTION WITH THE EVENT.***

I, \_\_\_\_\_, agree on behalf of \_\_\_\_\_ (name of organization) that if the project I wish to coordinate is approved by NETRF as reflected by the signature below of an authorized representative of NETRF, then this application shall constitute the agreement of the parties, and I/we agree to abide by the Community Fundraising Event Policies and Guidelines, a copy of which has been provided to the organization by NETRF and is incorporated herein by this reference. It is also agreed that the funds raised from the activity will be remitted to NETRF within 45 days of the event or at such time as both parties have approved in a written modification to this application. I understand that the NETRF name is not to be used until this project has been approved by NETRF and I have received a fully signed copy of this agreement from NETRF.

Event organizer's signature \_\_\_\_\_

Date: \_\_\_\_\_

NETRF signature: \_\_\_\_\_

Date: \_\_\_\_\_