



APPLICATION FOR CHEMO DUCK FUNDRAISING EVENT

PLEASE COMPLETE AND SUBMIT THIS APPLICATION PRIOR TO CONDUCTING A SPECIAL EVENT, BENEFIT OR PROMOTION TO BENEFIT GABE'S CHEMO DUCK PROGRAM™

DATE OF APPLICATION _____

ORGANIZATION OR GROUP _____

CONTACT _____

E-MAIL _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DAYTIME PHONE _____ **FAX** _____

.....
NAME OF PROPOSED EVENT _____

DESCRIPTION OF PROPOSED EVENT _____

DATE _____ **TIME** _____ **LOCATION** _____

HOW WILL YOU GENERATE MONEY? _____

POTENTIAL HOSPITAL(S) YOU ARE HOPING TO SPONSOR _____

CONTACT FOR HOSPITAL _____

NAME _____ **NUMBER** _____ **E-MAIL** _____

BUDGET INFORMATION (PLEASE ATTACH DETAILS)

PROJECTED INCOME _____

PROJECTED EXPENSES _____

PROJECTED DONATION _____

INSURANCE

FOR EVENTS WISHING TO USE THE NAME GABE'S CHEMO DUCK PROGRAM™ AND LOGO, INSURANCE MAY BE REQUIRED. IT IS HIGHLY RECOMMENDED YOU CONTACT YOUR INSURANCE VENDOR AND GET A QUOTE ON THE COST. THIS AMOUNT WOULD THEN BE FACTORED INTO YOUR BUDGET.

PLEASE NOTE: NOT ALL FUND RAISERS WILL NEED TO HAVE EVENT INSURANCE. CALL GABE'S MY HEART AT (615) 830-0126 TO DETERMINE WHETHER THIS IS APPLICABLE TO YOUR EVENT. IF WE DETERMINE IT IS NECESSARY, COPIES OF INSURANCE WITH GABE'S MY HEART LISTED AS ADDITIONAL INSURED MUST BE SUBMITTED TO GABE'S MY HEART 30 DAYS PRIOR TO THE EVENT.

COMPANY _____

TYPE AND AMOUNT _____

PLEASE NOTE: IF SPORTING EVENT, COPY OF PARTICIPANT WAIVER MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT.

WILL OTHER CHARITABLE ORGANIZATIONS BENEFIT? IF SO, PLEASE NAME AND DESCRIBE EXTENT.

ASSISTANCE NEEDED FROM GABE'S MY HEART, IF ANY

APPLICANT UNDERSTANDS THAT APPROVAL MUST BE GRANTED BY GABE'S CHEMO DUCK PROGRAM. GABE'S MY HEART 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 GABE'S MY HEART INC 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:

GABE'S MY HEART

5016 SPEDALE COURT PMB 129
SPRING HILL, TN 37174
(615) 246-3850 FAX
LU@CHEMODUCK.ORG