

**Susan G. Komen for the Cure  
Southern Nevada Affiliate  
Third Party Event / Initiative Application**

Thank you for your interest in supporting the Southern Nevada Affiliate of Susan G. Komen for the Cure. Please review our [Guidelines for Special Events, Benefits or Promotions](#) **prior** to completing this application.

**Please Note**

- ❖ Applications should be submitted at least 30 days prior to event/initiative.
- ❖ All applications will be reviewed by our Events Committee with notification of the committee decision within approximately 10 business days.
- ❖ The Southern Nevada Affiliate requires a minimum guaranteed donation of \$1,000.00 for all third-party events/initiatives. Please contact the Development & Events Manager at (702) 822-2324 for alternatives if needed.

**Contact Information**

Applicants Name: \_\_\_\_\_  
Business, Organization or Group Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Event Information**

Brief Description of Proposed Event/Initiative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Potential Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_  
List any Sponsors or Underwriters: (If Applicable) \_\_\_\_\_  
Please list other Charitable Organizations that will benefit from this Event: (If Applicable) \_\_\_\_\_  
\_\_\_\_\_

**Budget Information**

Projected Gross Income from Event/Initiative: \$ \_\_\_\_\_  
Projected Expenses: \$ \_\_\_\_\_  
Projected Net Revenue: \$ \_\_\_\_\_  
Projected Donation to the Southern Nevada Affiliate: \_\_\_\_\_  
(Specific Dollar Amount or Percentage of Proceeds must be provided) \$ \_\_\_\_\_

You may submit the application via email to [komenlv@embarqmail.com](mailto:komenlv@embarqmail.com), via fax to (702) 877-2455 or via mail to the Southern Nevada Affiliate of Susan G. Komen for the Cure, 4850 West Flamingo Road Suite 25, Las Vegas Nevada 89103.