

Saint Louis Effort for AIDS
Application Form for Special Events, Benefits or Promotions

Please read the Guidelines for Special Events, Benefits or Promotions before completing this application.
Once completed, send the application form to:

Saint Louis Effort for AIDS
1027 S. Vandeventer #700
St. Louis, MO 63110

You may call us at (314) 333-6671 if you have any questions about the guidelines or form.

Once the application form is received, it will be reviewed for consideration and approval. We will contact you within one week to discuss the details of the event.

Name of event: _____

Date/Time/Location: _____ Rain Date: _____

Name of your organization: _____

Contact person: _____

Email: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

Phone Number during event: _____

Event description: _____

How will you raise money? _____

Sponsors/Underwriters: _____

Budget Information: (Please attach details)

Projected Income: _____

Projected Expenses: _____

Projected Donation: _____

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

Insurance: (Copies of necessary insurance with Saint Louis Effort for AIDS listed as additional insured should be submitted to Saint Louis Effort for AIDS 30 days prior to the event)

Company: _____

Type: _____

Please note: If you are planning a sporting event, copy of participant waiver must be submitted 30 days prior to event.

Will other charitable organizations benefit from this event? If so, please name and describe extent to which they will benefit.

Assistance requested from Saint Louis Effort for AIDS

Applicant has read the Guidelines for Special Events, Benefits or Promotions and agrees to abide by them. Saint Louis Effort for AIDS 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 Saint Louis Effort for AIDS against any claims by third parties or vendors for such fees, costs, or payments incurred pursuant to this agreement.

Signature(s): _____

Today's Date: _____

Approved: _____ Date _____

Saint Louis Effort for AIDS Representative