



American Brain Tumor Association

VOLUNTEER FUNDRAISING EVENT FORM

EVENT ORGANIZER INFORMATION

First Name: _____
Last Name: _____
Phone _____ Email: _____
Address: _____
City: _____ State: _____

EVENT DETAILS

In Memory/Honor Of: _____

Event Name: _____

Type of Event: Run/Walk Gala Other _____

Additional Event Details: _____

Event Date: _____

Event Time: _____

Event Location (please attach map if applicable): _____

Sponsoring Organization (if applicable): _____

How do individuals register: (please list website if applicable)

Online Paper Form Other _____

Based on the nature of the event, are any of the following required? Please check with your venue for these requirements. The ABTA does not provide insurance to Volunteer Fundraising Events. You will be required to provide a copy to the ABTA in advance of the event if asked.

Insurance Permits Liability Releases

What participation or resources do you request from the American Brain Tumor Association?

- Brochures Website/Donation Page Handouts Running Banners
 Press Releases Wristbands

Do you plan to publicize the event? Please indicate how:

- Posters Website/Donation Page Online Promotion Social Media
 Press Releases Advertisements

All printed materials promoting your event should receive ABTA approval before production and distribution. Event promotional material guidelines are attached. Due to the number of events held each year, the ABTA is not able to provide media relations outreach support for all volunteer fundraising events.

Please fill out the following information about your event.

1. **Goal/Objective.** Briefly describe your event and share your story:

2. **Budget.**

Will there be an admission or registration fee? If so, how much? _____

What % of registration fee will American Brain Tumor Association receive? _____

Will the event generate revenue, and if so, what percent or amount of that revenue will the American Brain Tumor Association receive? _____

Please name any other organizations benefitting from this event and the percentage of revenue they will be receiving: _____

Anticipated total revenues: \$ _____

Anticipated total expenses: \$ _____

Anticipated total donation: \$ _____

3. **History.** Have you planned an event before for the American Brain Tumor Association? If yes, how many years?

LICENSE AGREEMENT

This form must be returned with signed License Agreement for event approval and support. By completing this form, it will help us identify areas where the American Brain Tumor Association may be able to assist in minimizing expenses for maximum donation potential, as well as help our staff understand all that your event encompasses. If you have any questions about this form, please contact the Events Department at events@abta.org or 800-886-1281.

Terms and Conditions

1. Event Organizer agrees to provide the American Brain Tumor Association with all of the net proceeds from the event, along with a written accounting of event revenues and expenses (and supporting documentation for any expenses in excess of \$500), in a form acceptable to the American Brain Tumor Association, within thirty (30) days following the event. The American Brain Tumor Association may audit the event revenues and expenses, if deemed necessary. As used herein, "event" refers to the event described in the form accompanying this License Agreement. _____(initials)
2. The term of the agreement granted hereunder shall be from the date the American Brain Tumor Association approves the Volunteer Event Organizer's application until the conclusion of the event, provided, however, that the American Brain Tumor Association has the right to terminate the license prior to the conclusion of the event if it determines in its reasonable discretion that the event is or will likely be injurious to its reputation and trademarks. _____(initials)
3. Any use of the ABTA logo is subject to the prior written approval of the American Brain Tumor Association. Accordingly, the Volunteer Event Organizer agrees to submit to the American Brain Tumor Association for approval at least forty-eight (48) hours prior to the production, distribution, broadcast, or publication thereof, all printed materials, publicity releases and advertising relating to the event that mentions the American Brain Tumor Association or contains any of its logos. _____(initials)
4. Event Organizer understands and agrees that the Marks (the American Brain Tumor Association's name or logo): (a) may not be altered in any way, nor may they be sublicensed to any other person; (b) may not be used in connection with any telemarketing or door-to-door solicitations; and/or (c) may not be used in conjunction with terminology that is contrary to the American Brain Tumor Association's mission.
_____(initials)
5. In accordance with standards adopted by the Better Business Bureau's Wise Giving Alliance, the Event Organizer agrees that any solicitations relating to the event must specify at the point of solicitation, and in a manner acceptable to the American Brain Tumor Association: (a) that the American Brain Tumor Association is the benefiting organization; (b) the actual or anticipated portion of the purchase price that will benefit the American Brain Tumor Association; (c) the duration of the campaign; and (d) any maximum or guaranteed minimum contribution amount. _____(initials)
6. In order to avoid inadvertently jeopardizing existing relationships between the American Brain Tumor Association and its donors, the Volunteer Event Organizer agrees to receive approval from the American Brain Tumor Association before soliciting corporations, businesses, celebrities, sports teams, or individuals for cash or in-kind donations or sponsorships relating to the event. _____(initials)

7. The Event Organizer understands and agrees that : (a) it will comply with all applicable laws during the planning, promotion and conduct of the event; (b) all necessary insurance, licenses and permits will be obtained and will be in force through the conclusion of the event; (c) the American Brain Tumor Association's sales tax exemptions cannot be extended to any event; (d) the event will result in no cost or expense to the American Brain Tumor Association whatsoever, unless expressly agreed in writing to the contrary; and (e) it will indemnify and hold the American Brain Tumor Association harmless from any and all claims of any kind or nature whatsoever arising out of, or in any way related to the event. As stated in the form, the ABTA requires the Event Organizer to provide the ABTA with a copy of all insurance policies, licenses or permits prior to the event. _____ (initials)

8. Nothing in this document shall be construed to authorize Volunteer Event Organizer, or any of its volunteers, employees or representatives, to act as an agent of the American Brain Tumor Association. Thus, for example, Volunteer Event Organizer may not open a bank account in the American Brain Tumor Association's name, nor may it endorse or attempt to negotiate any checks made payable to the American Brain Tumor Association, all of which must be promptly forwarded to the American Brain Tumor Association for processing. _____ (initials)

9. In accordance with the standards adopted by the Council of Better Business Bureaus, all collateral material relating to the event must specify: (a) that the American Brain Tumor Association is the benefiting organization and not imply that the American Brain Tumor Association is the host or sponsor of the event; (b) that written information about the American Brain Tumor Association is available by calling 800-886-2282 or by visiting www.abta.org and (c) the actual or anticipated portion of the sales or admission price that will benefit the American Brain Tumor Association. _____(initials)

We are grateful for your interest in coordinating a volunteer event to benefit the American Brain Tumor Association. We appreciate your support, time and dedication!

Note: This Volunteer Event Organizer Form and License Agreement will not become effective unless it is evidenced by the signature of an authorized American Brain Tumor Association representative below.

PROPOSED BY:

Signature of Event Organizer

Print name

Title (Event Organizer)

Date

Please send the completed forms to the American Brain Tumor Association by email at events@abta.org, fax 773-577-8738 or mail to American Brain Tumor Association: 8550 W Bryn Mawr Avenue, Suite 550, Chicago, IL 60631

Approval (for office use only) :

Signature of Staff: _____ **CMS:** _____

ABTA Staff Title: _____ **Appeal Code:** _____

Date: _____