



Charitable Special Events, Benefits & Promotions

Instructions for Application:

Please read the Guidelines for Charitable Special Events, Benefits & Promotions before completing this application. Complete as much of it as you can. It is possible that not all questions will apply to your particular benefit, in which case, it is acceptable to move to the next response. Please direct questions to bwebster@AngelFood.org or call (323) 845-1800 x245.

Date of Application: _____

Name/Organization: _____

I am or I represent a (select one):

- Project Angel Food Volunteer
- Student, School Group, University, Gay/Straight Alliance, Community Group
- Private Individual/Donor
- Employee Resource Group
- Company, Corporation
- Organization/Not For Profit Organization
- Artist, Entertainer, Musician, Singer, Author, Creative Producer
- Merchandiser, Retailer, Fashion Designer

Contact: _____

Address: _____

City, State, Zip: _____

Daytime phone: _____

Email: _____



Special Event or Promotion Name (the "Event"): _____

Description: _____

Date(s): _____ Hours: _____

Location: _____

Address (if different): _____

Budget Information (Please attach detailed breakdown if necessary):

Projected Income: _____ Projected Expense: _____

PLEDGED Donation*: _____

Ticket Cost: _____ Projected Attendance: _____

*Approved applications are not held to their pledged donation. This figure should represent the goal applicants wish to achieve in donating to Project Angel Food.

Will alcohol be served at this event? YES NO

Is this event geared towards young adults (18 years or younger)? YES NO

Are you selling merchandise at this event? YES NO

Merchandise is NOT to be branded with Project Angel Food's name, trademarks, or logo in any way.

Event Sponsors/Underwriters:

Other Funding Sources:

Other charitable organizations benefiting from this event:



With your completed application, please submit:

- Electronic files of publicity or marketing materials (e.g. brochures, posters)
- Website Address: _____
- Facebook Group: _____
- Facebook or Other Event Page: _____
- **Copies of Insurance (If necessary)**

Applicant has read the Guidelines for Charitable Special Events, Benefits & Promotions and agrees to abide by them. Project Angel Food is not liable to any party or vendor for any fees, costs or payments of any kind. Applicant shall indemnify, defend and hold harmless Project Angel Food and each of its officers, directors, employees, agents, successors and assigns from and against all liabilities, claims, damages, losses, costs (including attorneys' fees and court costs), expenses, demands, suits and actions brought or asserted by third parties against the Applicant related to, arising out of or resulting from the Event.

Signature: _____

Date: _____

Please return completed form via email to bwebster@AngelFood.org or fax to (323) 845-1818.

APPROVED DECLINED

Project Angel Food Staff: _____ **Date:** _____

**Please keep a hard copy of an approved application on-site at the event.*