

AUXILIARY PARTNER PROPOSAL FORM

Name of Person/ Group sponsoring the Fundraiser: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Contact Person's Address (if different from above): _____

Phone (day): _____ Fax: _____

Phone (evening): _____

Email address: _____

Please give a brief description of the event: _____

Date and time of the event: _____

Location of event: _____

Will there be any publicity for this event? If so, please describe: _____

Estimated Number of Attendees/Participants: _____

How will the money be raised (pledges, sponsorships, entrance fees, donations, etc.)? _____

Please describe what assistance, if any, you are requesting from JDRF staff and/or volunteers:

How much do you expect to donate to JDRF from your event? _____

Signed Agreement

As an organizer of a Third Party Fundraising Event benefitting the Juvenile Diabetes Research Foundation, I /we have read this Policies and Procedures Agreement and agree to its terms and conditions and I/we agree to follow the rules contained in the approved Third Party Fundraising Event Proposal for our event.

Event Name: _____

Organization Name: _____

Organizer Name: _____

Organizer Address: _____

Organizer: _____

Phone No. _____ Fax No. _____ E-mail _____

Signature: _____ Date: _____

Approved by Chapter Executive Director:

Signature: _____ Date: _____

Indemnity

Organizer of the Event agrees to indemnify and hold harmless JDRF, its affiliates, officers, employees, agents, representatives, contractors and licensees from and against all claims, losses, damages, liabilities and expenses, including reasonable attorney’s fees, arising out of or occasioned by any act or omission of event organizer, or its officers, partners, employees, agents, volunteers, contractors, licensees, guests, invitees, or attendees, in connection with the Third Party Fundraising Event

Please Return to:

Colleen Yoo
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Illinois Chapter
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312/ 670.0250—fax
312-447-7957
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