

## 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:**

Jenna McCroskey  
Juvenile Diabetes Research Foundation  
Illinois Chapter  
11 S. LaSalle, Suite 1800  
Chicago, IL 60603  
312/ 670.0250—fax  
312-670-0313  
**[jmccroskey@jdrf.org](mailto:jmccroskey@jdrf.org)**