

# GLAUCOMA

## RESEARCH FOUNDATION

### Independent Fundraising Event Application

Please read and complete the Independent Fundraising Agreement and Liability Release before completing the form.

Date of Application: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

Name of Host/Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook page URL: \_\_\_\_\_ Twitter Profile: \_\_\_\_\_

### Event Details

Title: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: (Street Address, City, State, Zip) \_\_\_\_\_

Sponsors: \_\_\_\_\_ Anticipated number of attendees: \_\_\_\_\_

Publicity/Promotions: (Please list all areas - brochures, invitations, press release, etc.) \_\_\_\_\_

### Budget Information

Projected Income: \_\_\_\_\_ Projected Expenses: \_\_\_\_\_ Projected Donation: \_\_\_\_\_

List any other charitable organizations that will benefit from this event: \_\_\_\_\_

\_\_\_\_\_

I, individually, or as a representative of the below named business or organization, agree to the requirements outlined in Glaucoma Research Foundation's Independent Fundraising Agreement and Liability Release. I hereby fully release and agree to hold harmless Glaucoma Research Foundation and its affiliates, their Officers, Directors, Trustees, agents, employees and representatives, successors and entities, together with their insurers, of and from any and all liability, claims, damages, expenses or causes of action for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and submit via email to [events@glaucoma.org](mailto:events@glaucoma.org) or mail to:

Glaucoma Research Foundation  
c/o: Independent Fundraisers  
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San Francisco CA 94108