

STUDENT-INITIATED FUNDRAISING EVENT APPLICATION

Contact person: _____

Sponsoring school/club or organization: _____

Sponsoring school faculty advisor (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

Proposed event/activity name: _____

Proposed event/activity description: _____

Proposed location: _____

Proposed date/time: _____ Estimated Attendance: _____

Website (if applicable): _____

Projected income: \$ _____ Projected expenses: \$ _____

Donation type: _____ Estimated donation: \$ _____
(% of proceeds, direct sales, etc.)

PROCEEDS TO BENEFIT (please select one):

Highest-priority cancer research Other cancer research: _____
please indicate specific doctor or area of research

I have read and understand the "Guidelines for Charitable Events/Activities Benefiting the UCLA Jonsson Cancer Center Foundation" and agree to hold UCLA and JCCF/JCCC harmless for any damages, injuries, and liabilities resulting from the event.

AGREED TO AND ACCEPTED BY:

SIGNATURE

DATE

PRINT NAME

TITLE

PLEASE RETURN COMPLETED APPLICATION TO:

UCLA Jonsson Cancer Center Foundation
 ATTN: RJ DiCamillo, Special Events Manager
 8-950 Factor Building • Box 951780 • Los Angeles CA 90095-1780
 fax: 310.267.0102 • rdicamillo@mednet.ucla.edu

FOR JCCF USE

Event Approved Event Not Approved

Margaret Steele, JCCF Executive Director

Date