THIRD PARTY EVENT APPLICATION FORM
The ALS Association

CONTACT INFORMATION:

FIRST NAME: ________________________ LAST NAME: _______________________

COMPANY NAME: __________________________________________________________________

ADDRESS: _______________________________________________________________________

CITY: ____________________________STATE: _____________________ ZIP: ___________

BUSINESS PHONE: ________________________ HOME PHONE: ____________________

EMAIL ADDRESS: _____________________ FAX NUMBER: _________________________

HOW DID YOU HEAR ABOUT THE ALS ASSOCIATION: ______________________________

__________________________________________________________

EVENT INFORMATION:

DATE OF EVENT: _____________________________________________________________

EVENT NAME: _______________________________________________________________

EVENT LOCATION: _____________________________________________________________

EVENT HOURS: _______________________________________________________________

DESCRIPTION OF EVENT:

Due to safety and liability concerns, some types of events can not be approved. These include
events involving, but not limited to: alcohol, tobacco, adult content, Firearms or other weapons.

Approval of the event is at the discretion of The ALS Association, Massachusetts Chapter.

__________________________________________________________

EVENT IS:  ☐ OPEN TO THE PUBLIC  ☐ INVITATION ONLY

If applicable:

TICKET PRICE $______________________ TABLE PRICE $______________________

CONSIDERATION (APPROXIMATE AMOUNT THAT IS TAX DEDUCTIBLE):

TICKET $______________________ TABLE $______________________

IS THIS A FIRST TIME EVENT:  ☐ YES  ☐ NO: HOW MANY YEARS?________
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IF POSSIBLE, WOULD YOU LIKE SOMEONE FROM THE CHAPTER TO ATTEND YOUR EVENT? ☐ YES ☐ NO

IF YES, WHAT ROLE WILL THEY PLAY? ________________________________________________
__________________________________________________________________________________

HOW WILL THE EVENT BE PUBLICIZED? (PRESS RELEASES, ADVERTISEMENTS, PSAs, PROMOTIONAL FLYERS): ________________________________________________
__________________________________________________________________________________

BUDGET/FUNDRAISING INFORMATION:

TOTAL PROJECTED REVENUE $____________________

TOTAL PROJECTED EXPENSES $____________________

WHAT COSTS, IF ANY, WOULD YOU NEED ASSISTANCE FROM THE LOCAL CHAPTER WITH? PLEASE GIVE EXACT FIGURES. Please note that this does not guarantee that The ALS Association will cover these expenses.__________________________________________________________________________________

DO YOU INTEND TO SHARE THE NET PROCEEDS WITH ANOTHER ORGANIZATION OR ASSOCIATION? ☐ YES ☐ NO

Please note that selecting “yes” will create additional requirements in order for The ALS Association to approve and authorize additional participation in this event. For tax purposes, the Tax ID number will not be provided if the net proceeds are being shared with other organizations.

IF SO, PLEASE IDENTIFY THE BENEFICIARY_____________________________________
__________________________________________________________________________________

IS THIS BENEFICIARY A 501 (c) (3) ORGANIZATION? ☐ YES ☐ NO
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PLEASE LIST ALL BUSINESSES YOU INTEND TO SOLICIT FOR SPONSORSHIP OR IN-KIND CONTRIBUTIONS (use additional sheet if necessary):
_____________________________________________________________________________
_____________________________________________________________________________

SUPPORT NEEDED:

PLEASE CHECK ALL THE ITEMS/SUPPORT YOU WILL REQUIRE FROM THE ALS ASSOCIATION:

☐ BANNER
☐ LOGO
☐ ALS Association Literature
☐ OTHER ____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

I, ______________________, affirm that I am the principal organizer of (event name) ______________________, to be held on ______________________. I understand that the primary purpose of this event shall be to raise funds for The ALS Association Massachusetts Chapter. I agree to submit all funds rose to The ALS Association Massachusetts Chapter in support of its programs and research. I will conform to all of the regulations, policies, and practices of The ALS Association Massachusetts Chapter pertaining to fundraising. I have read through the responsibilities of The ALS Association Massachusetts Chapter. I have also read through, and will comply with the responsibilities that have been listed for Event Organizers.

Responsibilities of the ALSA-MA Chapter:

• To confer all proper use of the ALS Association Massachusetts Chapter name and logo to the group
• To maintain regular communication with the event organizers
• To use all funds received from the group to support the work of the ALS Association Massachusetts Chapter
• To provide the group use of the tax exempt number of the ALS Association Massachusetts Chapter
• To help promote the event through the media.
Responsibilities of Event Organizers:

- To submit a description of the event
- To submit a budget listing both projected revenue and expenses
- To maintain a high standard of good taste and ethics in relation to all fundraising events
- To use the tax exempt status of ALS Association only for its intended use
- To submit all promotional material using the ALS Association name and/or logo to the ALS Association Massachusetts Chapter
- To submit all proceeds from the event within 30 days to The ALS Association Massachusetts Chapter

The ALS Association Massachusetts Chapter is not obligated to enter into a fundraising program with you. All written or printed materials containing ALS Association logos or trademarks, before and after your fundraising begins, must be submitted to the Chapter for approval before circulation. **Funds should be given to The ALS Association Massachusetts Chapter no later than 30 days after your event has been completed.**

By submitting your third party event proposal, you agree to assume all risks and liabilities associated with the event and officers, employees, agents, and successors from and against any and all claims, damages, liabilities, costs, and expenses, including reasonable attorney fees, arising out of or may occur in connection with the event, including without limitation, and personal injuries or damages to property that may occur in conjunction with your event.

You should receive a response from the ALS Association Massachusetts Chapter within 14 business days after receipt of your request.

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**All checks should be made payable to:**
The ALS Association MA Chapter
320 Norwood Park South
Norwood, MA 02062
Attn: Third Party Fundraisers

**Once completed, please mail, email, or fax this form to:**
The ALS Association MA Chapter
320 Norwood Park South 2nd Floor
Norwood, MA 02062
Phone: 781-255-8884
Fax: 781-255-8811

Last Updated: July 10, 2008