



CARE LAS CRUCES.ORG



CANCER AID RESOURCE & EDUCATION, INC.
125 North Main Street, Suite 114
Las Cruces, NM 88001
carelascruces.org
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CANCER AID RESOURCE & EDUCATION, INC. THIRD-PARTY EVENT AGREEMENT

Name of organization/group/individual organizing event: _____

Name of person in charge of the event: _____

Phone number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of event: _____

Date and Time of event: _____

Location of event: _____

Describe the event and the fundraising components (ticket sales, game, auction, etc.): _____

Estimated number of attendees/participants: _____

Will this be an annual event benefitting Cancer Aid Resource & Education, Inc.?: _____

Do you agree to using the Cancer Aid Resource & Education, Inc. logo in all of your materials?: _____

Have you read and understood the conditions for using the name and logo in advertising?: _____

Describe below what role you would like the CARE board to have for your event: _____

I, _____, have read and understood the accompanying Third-Party Event Guidelines and agree to abide by all policies and regulations mentioned therein. I agree that 100% of net proceeds from the event will be donated to Cancer Aid Resource & Education, Inc. (CARE). I agree to provide all information regarding the event to Cancer Aid Resource & Education, Inc. (CARE) in the manner described. I agree that I will submit proceeds from the event within 24 hours of completion of the event, or within a written agreed upon time if not within 24 hours of event. I agree that Cancer Aid Resource & Education, Inc. has no financial or legal responsibilities for the event. I give approval for my name and picture(s) to be publicized in any media.

Printed Name: _____ Signature: _____ Date: _____

Cancer Aid Resource & Education, Inc. Approval

CARE Name: _____ Signature: _____ Date: _____