



FOUNDATION FOR  
SARCOIDOSIS RESEARCH

**Third Party Event Application**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Event/Campaign Title \_\_\_\_\_

Event Location/Address \_\_\_\_\_

Describe the event. \_\_\_\_\_

**Event Budget:** Anticipated Expenses \$ \_\_\_\_\_

Anticipated Income \$ \_\_\_\_\_

Expected Donation Amount \$ \_\_\_\_\_

**Please read and sign below.**

- I am responsible for all matters related to the planning, promotion, and logistics of this event including registration of participants, the solicitation of sponsors, and donors, execution of contracts, insurance and waivers, and the handling of proceeds.
- FSR is not able to provide reimbursement for expenses. Expenses associated with this event should be paid out of the revenues collected.
- Within 30 days of the event, I agree to send FSR the net proceeds from the event along with the revenue tracking sheet.
- I have read FSR's Third Party Event Guidelines and agree to abide by them.

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

Please submit your completed form to [angela@stop sarcoidosis.org](mailto:angela@stop sarcoidosis.org) or mail to the Foundation for Sarcoidosis Research at 1820 W. Webster Ave. Suite 304, Chicago, IL 60614