

## 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:**

RJ DiCamillo, Special Events Manager  
**rdicamillo@mednet.ucla.edu**  
 UCLA Jonsson Cancer Center Foundation  
 9-623 Factor Building · Box 951780 · Los Angeles CA 90095-1780

**FOR JCCF USE**

Event Approved  Event Not Approved

Margaret Steele, JCCF Executive Director

Date