



Scleroderma Foundation Michigan Chapter
Application for a Friends for the Fight Event

Contact Name: _____

Business: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

1. Please describe the proposed event in detail.

2. Please provide the date of the proposed event.

3. Please provide the location of the proposed event.
4. Please provide the time of the proposed event.
5. Please list all parties involved with the event (individuals, organizations, media, etc.).
6. What is the total amount of revenue you estimate will be generated from the event?
7. What is the total amount of expenses you estimate for the proposed event?
8. Outline how you will promote the event to the media.
9. Detail what your direct mail plans will be and how the chapter will be involved in this plan.
10. Will your proposed event require a brochure, and if so, what role will the chapter be required to play in the creation or distribution of this creative piece?

11. Will your proposed event require flyers, and if so, what role will the chapter be required to play in the creation or distribution of this creative piece?

12. Will your proposed event require signage, and if so, what role will the chapter be required to play in the creation or distribution of these signs?

13. Would you like materials about the Scleroderma Foundation Michigan Chapter's programs and services to display at your event? If so, please provide quantities and detail exactly what you are requesting. A request does not automatically guarantee the Chapter will be able to supply the materials you are requesting, but every effort will be made to fulfill your request to the best of our ability.

14. What role do you see the Scleroderma Foundation Michigan Chapter playing in this proposed event?

15. Are you requesting a staff/board member be in attendance for your event? Again, every effort will be made to grant your request, but this cannot always be guaranteed, based on geographical location and scheduling.

16. What role will the staff/board member play in the proposed event? Please be specific so the best person for the role can be selected.

17. What is your connection to the scleroderma community?

18. Please include any other pertinent information that you would like the Scleroderma Foundation Michigan Chapter's board of directors to know about your proposed event.

Please return the completed form and agreement prior to beginning any work for board approval on your event to:

Laura Dyas, LSW, LCP, MA
Executive Director
23999 Telegraph
Southfield, MI 48033
(248) 595-8526
ldyas@scleroderma.org



Scleroderma Foundation Michigan Chapter Friends for the Fight Event Agreement

We have received the Scleroderma Foundation Michigan Chapter’s Friends for the Fight policies and procedures and agree to comply with them in connection with

the _____
(Name of event)

scheduled for _____.
(Date of event)

I understand and agree to comply with the policies and procedures for conducting a Friends for the Fight event fundraiser.

Event Organizer (signed)

Executive Director
Scleroderma Foundation Michigan Chapter

Date

Date