

## Third Party Sponsored Event Application

The UMMS Foundation is responsible for all fundraising activities using the UMMC or UMMS Foundation name(s). For this reason, the following information must be provided to the UMMS Foundation for review and approval before you proceed with event plans.

Please complete and submit this form no less than two (2) months prior to your proposed event to:

**UMMS Foundation**  
**Attn: Whitney Krapf**  
**110 S. Paca Street, 9<sup>th</sup> Floor**  
**Baltimore, MD 21201**  
**410-328-7673**  
**Whitney.Krapf@umm.edu**

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Date of Application: \_\_\_\_\_

Name of group/organization: \_\_\_\_\_

Are you a(n):  Employee Group  
 Association/Organization/Club  
 Corporation  
 Other, Please Specify: \_\_\_\_\_

Please list the main point of contact for your group/organization that is coordinating the event or promotion:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Cell Phone #

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

\_\_\_\_\_  
Email Address

Date of Proposed Event: \_\_\_\_\_ Times of Proposed Event: \_\_\_\_\_

Location of Proposed Event: \_\_\_\_\_

Please provide a brief description of the proposed event:

What businesses, individuals or foundations will be approached for underwriting, sponsorship, in-kind giving, or other contributions to your event?

What incentives (if any) will be offered to sponsors for their participation?

Are additional promotional events planned to support the larger event? If so, please provide a description of these events:

Will there be a ticket or admission charge?  Yes  No      Amount: \_\_\_\_\_

Expected number of guests: \_\_\_\_\_

How and where will tickets be sold?

Will the event benefit other organizations? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please provide the names of other organizations:

Percentage of net proceeds to be donated to UMMS: \_\_\_\_\_ %

Expected donation to UMMS: \$ \_\_\_\_\_

Please provide any additional details about your event for consideration:

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Within sixty (60) days of the completion of the scheduled event, all net proceeds are to be delivered to:

**UMMS Foundation**  
**110 S. Paca Street, 9<sup>th</sup> Floor**  
**Baltimore, MD 21201**

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Thank you for considering an event to support UMMS. All requests will be reviewed by UMMS Foundation representatives and answered in writing within ten (10) business days of receipt of a completed application.

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**Attn: Whitney Krapf**  
**110 S. Paca Street, 9<sup>th</sup> Floor**  
**Baltimore, MD 21201**  
**410-328-7673**  
**Whitney.Krapf@umm.edu**

I have read and agree to abide by and comply with all the terms and conditions in the above third party sponsored event guidelines. I understand that my proposed event is not considered approved until I have received written approval of my application from University of Maryland Medical System Foundation (UMMS Foundation.) I agree to provide the proposed event in accordance with the approved Third Party Sponsored Event Application filed by me and approved by the UMMS Foundation. At no time will the UMMS Foundation or any representative of University of Maryland Medical Center or University of Maryland Medical System be responsible for the cost, planning, or staffing of my event. Either party may terminate this agreement upon at least sixty (60) days prior written notice to the other party. The University of Maryland Medical System Foundation reserves the right to disassociate its involvement with any group/individual or event who are not in compliance with the guidelines outlined in the Third Party Sponsored Events guidelines. Each party shall be responsible for its own acts and omissions and the acts and omissions of its employees, officers, directors and affiliates. A party shall not be liable for any claims, demands, actions, costs, expenses and liabilities, including reasonable attorneys' fees, which may arise in connection with the failure of the other party to perform any of its obligations hereunder. The foregoing provision shall survive termination of this agreement. This agreement shall be governed by the laws of the State of Maryland. This agreement may only be amended or modified in writing signed by an authorized representative of both parties.

\_\_\_\_\_  
Event Organizer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Vice President of Development Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President of Development Printed Name

\_\_\_\_\_  
Director of Special Events Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Special Events Printed Name