



## SPECIAL EVENT APPLICATION

1. Organization Name:

Contact name and phone number:

2. Event Information

Name of event:

Description of event:

Name/number of Foundation fund to use to expense the insurance out of:

Location of event:

Address of event:

Date and times of event:

Number of attendees:

Number of volunteers:

Estimated revenue generated:

3. Is alcohol being served?

By whom?

Is alcohol being purchased or donated?

Will it be sold or given away?

Has server provided evidence of liquor liability insurance?

Is liquor liability coverage desired?

4. Will there be gaming at the event?

Gaming includes (but is not limited to): bingo, pull tabs/instant bingo (including satellite and progressive bingo) Texas Hold-Em Poker and other card games, raffles, scratch-offs, charitable gaming tickets, break-opens, hard cards, banded tickets, jar tickets, pickle cards, lucky seven cards, Nevada Club tickets, casino nights, Las Vegas nights, and coin operated devices.

These activities are considered gaming by the IRS and will be reported separately on the NAUF tax return (990). You must track these proceeds separate from other activity for your event.

5. Do you wish to use the NAUF logo for publicity?
6. Will you be using a professional fundraiser?
7. Will you be selling tickets? If yes, what price?
8. Will you be selling tables? If yes, what price?
9. Information required for insurance coverage  
Seating capacity at venue:

Who is supplying security at venue?

Describe the safeguards to prevent injury:

Describe first aid/medical arrangements:

Is the event limited to the venue grounds?

Are you required to provide certificates of insurance to any other entity?

#### Applicant's Statement and Declarations

The applicant declares to the best of their knowledge the information contained in this application and all supplements attached to be true that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Printed name, signature and date:

NAUF Approval: