

**ALSAC/ST JUDE CHILDREN'S RESEARCH HOSPITAL
 ESA SPECIAL EVENT INSURANCE REQUEST FORM
 *****USE ONLY FOR NON ST. JUDE SPONSORED EVENTS*******

From: _____
 ESA Chapter: _____
 Email: _____
 Phone Number: _____
 Fax: _____
 Send To: Heather Kring, Legal Department/ALSAC
 901-578-2056
 heather.kring@stjude.org

Date: _____ Date Needed: _____

INSURED: Epsilon Sigma Alpha- **** Chapter
 Address of Insured: _____
 Fax Number: _____ Phone Number: _____

ADDITIONAL INSURED/CERTIFICATE HOLDER:
 And ALSAC/St. Jude Children's Research Hospital - 501 St. Jude Place Memphis, TN 38105 (DO NOT REMOVE)

Fax Number: _____ Phone Number: _____

Type of Event and Description:

Estimated Number of Participants: _____

Time and Location of Event: _____

Will food be served? If so, what type and who will serve?

Will alcohol be served at this event? If so, who will serve? (Please note, alcohol must be served by licensed and insured bartenders-no "self serve" alcohol is permitted for any event)

Estimated Revenue from Event? _____

Type of Safety Precautions (Include full name of security/law enforcement): _____

ALSAC Coordinator's Name:	Event Coordinator's Name:
Address:	Address:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email Address:	Email Address: