



## **ROLLIN' COLON REQUEST FORM**

**NOTE:** Please return a completed copy of this request form to [info@coloncancerchallenge.org](mailto:info@coloncancerchallenge.org).

<b>Requester First and Last Name:</b>	
<b>Requester Organization Name:</b>	
<b>Department:</b>	
<b>Ship to Company:</b>	
<b>Attention To:</b>	
<b>Ship to: Address Line 1:</b>	
<b>Ship to: Address Line 2:</b>	
<b>City</b>	
<b>State/Province and Zip/Postal Code:</b>	
<b>Country:</b>	
<b>Requester Phone and Fax:</b>	
<b>Requester Email (required):</b>	

**Does the shipping address have a loading dock?**  Yes  No

**Name/Description of Event:**

Event Start Date & Time:

Event Completion Date & Time:

**Requested Number of Days:** \_\_\_\_\_

*The rental period will be per event and the colon must be returned within 48 hours after the event is complete subject to availability.*

**COLON CANCER FOUNDATION**  
10 Midland Avenue, Suite M-06, Port Chester, NY, 10573  
Tel. 914.305.6674 Fax. 914.305.6675 [info@coloncancerchallenge.org](mailto:info@coloncancerchallenge.org)  
<http://coloncancerchallenge.org>

Tuesday, January 08, 2019, [Title]



**ROLLIN' COLON REQUEST FORM CONT.**

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**We accept responsibility for repair or replacement costs resulting from any breakage or damage to or loss or theft of the colon, carpet, blower or mat while they are in our possession or being shipped to or from us  Yes  No**

**We agree to name the Colon Cancer Foundation as an additional insured (for at least \$5 million) on a primary basis for any liability we may incur related to the use of the colon while it is in your possession  Yes  No**

**We agree to pay the rental fee of \$2,500 that includes transportation to and from your organization, blower, and educational materials printed or in PDF form.**

\*\*\*\*\*

**REQUESTING ORGANIZATION APPROVAL:**

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COLON CANCER FOUNDATION EXECUTIVE DIRECTOR APPROVAL:**

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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