



Rollin' Colon Request Form

NOTE: Please return a completed copy of this request form to info@coloncancerfoundation.org.

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

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 an 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, New York, 10573

Tel. 914.305.6674 Fax. 914.305.6675

info@coloncancerfoundation.org

www.coloncancerfoundation.org



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, theft of the colon, carpet, blower or mat while they are in our possession. 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 our 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:

Name Printed

Signature

Date

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