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### New "Parent" Adoption Application

**Please Print**

Single Parent or Parent Club's Name: \_\_\_\_\_

Location or Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ (Required) Phone: (     ) \_\_\_\_\_

(Suggested) Cell: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Email address: \_\_\_\_\_ Myspace: \_\_\_\_\_

Website Address: \_\_\_\_\_  
\_\_\_\_\_

Are you or any member of your club registered members of BABC, Inc.'s organization [  ] Yes [  ] No

Have you or your club ever hosted a charity event on behalf of an organization before? [  ] Yes [  ] No  
If yes, what organization \_\_\_\_\_ how many events \_\_\_\_\_ and when was  
the last event you hosted? \_\_\_\_\_

What kind of event have you hosted? [  ] A Ride [  ] A Cook Out [  ] A Party [  ] Other \_\_\_\_\_

How do you advertise your event(s) [  ] Post Card Style Flyers [  ] Paper Flyers [  ] Yahoo Group Postings  
[  ] Myspace Postings [  ] Radio Ads [  ] TV Ads [  ] Newspaper Ad [  ] Other \_\_\_\_\_

When you host an event do you only advertise to the motorcycle community? [  ] Yes [  ] No If no, what  
other target population do you approach? \_\_\_\_\_

Tell us why you think you/your club would make a good "Parent" \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

## **BABC Inc. Adoption Rules and Regulations**

1. Single Parent shall mean a single person only, an individual. A Parent Club shall mean any club, business, organization, agency, company, or group of people more than one.
2. All Single Parents & Parent Clubs will receive an official certificate which declares their adoption of BABC, Inc. It shall also display the Parent's name and the dates for which the adoption period covers.
3. All "Single" Parents or Parent Clubs must commit and agree to donate **a minimum of \$300.00** for the year. (This equates to the value of one mini-grant for an applicant). This does not mean this is all we need. We need you to give as often as you can and as much as you can. However, respectfully, the minimum is **required** to be considered a **"Parent"**.
4. One year shall be considered from the date the application is signed by the applicant until the same date of the next year. Example: March 12, 2009 to March 12, 2010.
5. I/We agree to inform the Bikers Against Breast Cancer, Inc.'s Board of Directors before hosting an event which names BABC, Inc. as the beneficiary. In addition, I/We understand that we must sign and submit a an event agreement with BABC, Inc. before announcing or using its name in connection with an event hosted by the entity designated as the "Parent".
6. I/We fully understand that failing to make a donation to the organization from proceeds raised by advertising the Registered Name Bikers Against Breast Cancer, Inc. (BABC) may be grounds for a lawsuit against me/my club to recover funds through a local or state court.
7. I/We understand that donations must be made to BABC, Inc. **within 30 days** after each hosted event.
8. I/We understand that acceptable forms of payment are cash, check, or money order. However, there will be a 35.00 fee imposed on all checks submitted, which are returned for insufficient funds.
9. As a "Parent" I/We pledge to do all that I/we can to help raise funds for the organization. However, **this does not mean I/we must fundraise for BABC, Inc. exclusively.**
10. I/We agree to indemnify and hold harmless Bikers Against Breast Cancer, Inc.; it's Board, volunteers, sponsors, donors, agents, or any other unnamed entity associated with or related to the organization from legal liabilities that may arise as a result of an accident or incident that takes place during my/our hosted event, which names BABC, Inc. as a beneficiary.

**Disclaimer:**

I have read and I understand the terms and conditions of this application. I further understand that an incomplete application or information that proves to be false may cause the application to be rejected.

I understand that the personal information collected is solely for the use of Bikers Against Breast Cancer to determine eligibility. I further understand that my personal information will not be disclosed, without my expressed written permission, unless it is in relationship to any legal matters that may arise.

I further attest that I/we have entered into this agreement of my own free will and without force or coercion and by affixing my signature here onto; I declare that all of the information is true to the best of my knowledge.

Single Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Single Parent Signature \_\_\_\_\_

Parent Club Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Parent Club Authorized Signature \_\_\_\_\_

Authorized Signature of BABC Representative \_\_\_\_\_ Date \_\_\_\_\_