

**REQUEST FOR WIFT-FL SUPPORT / PARTICIPATION IN EVENTS**

WWW.WOMENINFILMFL.ORG

**PURPOSE:** This form is used to request WIFT-FL support and or participation in public events. The information is required to evaluate the event for appropriateness and compliance with WIFT-FL policies and for coordination with the members involved. Please complete all sections.

**SECTION I - EVENT DATA**

1. <b>SPECIFIC REQUIREMENT</b> (i.e., Film Festival, Seminar, Training/Class, Panel, etc.)		2. <b>DATE OF EVENT</b>	3. <b>TIME OF EVENT</b> a. FROM: b. TO:	
4. <b>TITLE OF EVENT</b> (Website, if applicable)		5. <b>EXPECTED ATTENDANCE</b>		
6. <b>SITE OF EVENT</b> (NOTE: This site must be accessible to and usable by persons with disabilities.)		7. <b>ADDRESS OF EVENT</b> (Street, City, State, ZIP Code)		
8. <b>PROGRAM</b> (Describe program theme and objective, audience size and makeup, and the purpose of WIFT-FL participation.)		9. <b>HAVE OTHER ORGANIZATIONS BEEN REQUESTED TO SUPPORT THIS EVENT?</b> (If so, specify.)		
10. <b>IS THERE ANY CHARGE?</b> (i.e., admission, parking, etc. If so, specify.)		11. <b>IS THIS EVENT BEING USED TO RAISE FUNDS FOR ANY PURPOSE?</b> (If so, specify how funds will be distributed.)		
12. <b>WILL ADMISSION, SEATING, AND ALL OTHER ACCOMMODATIONS AND FACILITIES CONNECTED WITH THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN?</b> (X appropriate box)			YES	NO

**SECTION II - SPONSORING ORGANIZATION DATA**

13. <b>NAME OF SPONSORING ORGANIZATION</b>				
(X appropriate box for each item.)				
14. <b>IS THE SPONSORING ORGANIZATION A NONPROFIT ORGANIZATION?</b>			YES	NO
15. <b>IF NONPROFIT EIN #</b>		<b>FOR PROFIT: EIN#</b>		
16. <b>DOES THE SPONSORING ORGANIZATION EXCLUDE ANY PERSON FROM ITS MEMBERSHIP OR PRACTICE ANY FORM OF DISCRIMINATION IN ITS FUNCTIONS BASED ON RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN?</b>				
17. <b>SPONSOR'S REPRESENTATIVE</b> (Please PRINT all contact information.)				
a. <b>NAME</b>		b. <b>ADDRESS</b> (Street, City, State, ZIP Code)		
c. <b>PRIMARY TELEPHONE NO.</b> (Include area code)		d. <b>E-MAIL ADDRESS</b>		
		. For		
		e. <b>WEBSITE ADDRESS</b>		f. <b>OTHER SOCIAL MEDIA ADDRESS</b>

**SECTION III - SPONSORING ORGANIZATION SUPPORT DATA**

Event sponsors must agree to fund certain expenses when the requested are not local to the geographic area of the event See paragraph 3 of the Instructions on the back of this form. (X appropriate box for each item.)			YES	NO
18. <b>Does the sponsor agree to fund or provide allowance for meals, hotels and transportation cost and incidental expenses for WIFT-FL participants if required?</b>				
19. <b>Does the sponsor agree to provide WIFT-FL advertising/support logo prominently displayed on all materials, email correspondence and social media, Face Book, website and its support for the event.</b>				
20. <b>OTHER:</b>				

**SECTION IV - CERTIFICATION**

21. I am acting on behalf of the sponsoring organization and certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from WIFT-FL will contact me to discuss arrangements and costs involved prior to final commitments, or to inform me of their inability to support this event. I also understand that operational commitments by WIFT-FL must take priority and can preclude a scheduled appearance at an approved activity.		
a. <b>SIGNATURE OF SPONSOR'S REPRESENTATIVE</b>	b. <b>DATE SIGNED</b>	c. <b>PRINT NAME AND TITLE</b>