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| **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. **SPECIFIC REQUIREMENT** *(i.e., Film Festival, Seminar, Training/Class, Panel, etc.)*

Click or tap here to enter text. | **2.    DATE OF EVENT**Click or tap to enter a date. | **3.  TIME OF EVENT****a.  FROM:**Click or tap here to enter text.**b.  TO:**Click or tap here to enter text. |
| **4.    TITLE OF EVENT (***Website, if* applicable*)*Click or tap here to enter text. | **5.    EXPECTED ATTENDANCE**Click or tap here to enter text. |
| **6.    SITE OF EVENT** *(NOTE:*This *site must be*accessible *to and usable by persons with disabilities.)*Click or tap here to enter text. | **7.    ADDRESS OF EVENT** *(*Street*, City,* State*, ZIP Code)*Click or tap here to enter text. |
| **8.    PROGRAM (**Describe program theme and objective, audience size and   makeup, and the purpose of WIFT-FL participation.)Click or tap here to enter text. | **9.    HAVE OTHER ORGANIZATIONS BEEN REQUESTED TO SUPPORT****THIS EVENT?***(*If *so, specify.)*Click or tap here to enter text. |
| **10.  IS THERE ANY CHARGE?***(i.e., admission,* parking*, etc.  If so, specify.)**Click or tap here to enter text.* | **11.  IS THIS EVENT BEING USED TO RAISE FUNDS FOR ANY PURPOSE?**  (If so, specify how funds will be distributed.)  Click or tap here to enter text. |
| **12. 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,  NATIONAL  ORIGIN, or SEXUAL ORIENTATION***(X  appropriate  box)* | **YES** | **NO** |
| **SECTION II - SPONSORING ORGANIZATION DATA** |
| **13.  NAME OF SPONSORING ORGANIZATION**Click or tap here to enter text. |
| (X appropriate box for each item.)   | **YES** | **NO** |
| **14.  IS THE SPONSORING ORGANIZATION A NONPROFIT ORGANIZATION?** |  |  |
| **15.  IF NONPROFIT EIN** #  Click or tap here to enter text.  **FOR PROFIT: EIN#** Click or tap here to enter text. | n/a | n/a |
| **16. 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?** |  |  |
| **17.  SPONSOR’S REPRESENTATIVE** *(Please PRINT all contact information.)* |
| **a.  NAME**Click or tap here to enter text. | **b.    ADDRESS (**Street, City, State, ZIP Code)Click or tap here to enter text. |
| **c.  PRIMARY TELEPHONE NO.**(Include area code)  |  **d.   E-MAIL ADDRESS**Click or tap here to enter text. |  |
| Click or tap here to enter text. |  | **e.  WEBSITE ADDRESS**Click or tap here to enter text. | **f. OTHER SOCIAL MEDIA ADDRESS**Click or tap here to enter text. |
| **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.  Does the  sponsor  agree  to  fund or provide  allowance  for  meals, hotels  and  transportation cost and incidental  expenses  for  WIFT-FL** **participants if required?** |  |  |
| **19.  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.**   |  |  |
| **20. OTHER:**Click or tap here to enter text. |  |  |
| **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.   |
| 1. **SIGNATURE OF SPONSOR'S REPRESENTATIVE**

Click or tap here to enter text. | **b.    DATE SIGNED**Click or tap to enter a date. | **c. PRINT NAME AN**Click or tap here to enter text.**TITLE**Click or tap here to enter text. |