

Florida Whips, Inc., Event Form

To be used when: **Fees will be charged and there will be commitments to pay expenses**
 There may be a profit or loss.
 An event is to be co-sponsored with another organization
 Insurance is needed for the host site

Events where money per person is collected to pay specific fees are excluded (for example, park fees).

1. Organizer: _____ Region: _____

2. Name, and description of event: _____

3. Name of host site, the owner and exact location: _____

4. Date(s) of event: _____

5. Please name co-sponsor (if applicable): _____

6. Was this event approved at the Annual Planning Meeting? Yes ____ No ____

If no, how and when was this event approved by the region or state board? _____

If it is contemplated that money may be used from the regional sub-account, this must be included in the approval by the regional members. If it is contemplated that money will be used from the state treasury, the form to request money from the state treasury should be submitted well in advance.

7. Any profits will go to (region, state, not-for-profit organization?): _____

8. Any shortfalls will be made up in the following way: _____

9. Does the host site require that we insure them? _____

Please attach your draft budget to this form. If there is a co-sponsor, the budget must indicate how the finances will be handled, particularly what items Fla. Whips will be responsible for, and how any profit or loss will be shared. If budget information is not available at this time, the Budget may be provided at a later date, but at least two months before the date of the event.

Please submit this form as soon as possible after establishing the event. The event will be calendared as tentative until approved by the board.

Mail to: Mary Beth Miklos, secretary, 10115 S. Arabian Ave Floral City, FL 34436 . This form will be forwarded to the board for their review and approval.

Name of person submitting form: _____ Date _____

For Fla. Whips Board use only: Date received _____