



Florida Whips, Inc., Event Form

To be used when: Fees will be charged / There may be a profit or loss / There will be commitments to pay expenses / An event is to be cosponsored with another organization / Regional or state funds are used

Region: Statewide Panhandle Northern Southeastern Southwestern

Organizer Name: _____ Phone: _____ Email: _____

Event Type: Club meeting Clinic Demonstration Exhibit Booth Fun/Play Day
 Fundraiser Horse Drawn Vehicle rides Lessons Parade Trail Ride/Drive
 Schooling/Non-Sanctioned Shows Other (describe): _____

Name of Event:	Date(s):
Description of event:	
Host site/Property name:	
Host site Owner name:	
Site complete address:	
Site/landowner requires separate insurance certificate? <input type="checkbox"/> No	<input type="checkbox"/> Yes Address on insurance certificate:
Co-sponsor (if applicable):	

Was this event approved at the regional annual planning meeting?

- Yes (Regional annual planning meeting date of approval: _____)
- No (How will region approve event: _____)

Was this event approved by the state board?

- Yes (Date of approval: _____)
- No (How will state approve event: _____)

Expenses to be paid by: Individual Participants Region State Other: _____

Profits will go to: Region State Organization: _____ Other: _____

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

If funds are required from Region or State treasuries, or if there is a co-sponsor, a budget is required. Please attach your draft budget to this form. If there is a co-sponsor, the budget must indicate what items Florida Whips, Inc. will be responsible for, and how 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 one month before the date of the event.

Please submit this form as soon as possible after establishing the event. The event will be calendared as **pending** until approved by the board. Fill out form, save to your computer, and then email the completed form to secretary@flawhips.org or click the "Submit Form" button below. This form will be forwarded to the board for their review and approval.

Name of person submitting form: _____ Date: _____