

Wyoming State Quilt Guild SANCTIONED EVENT Request Form

This form is to be submitted to the Regional Director for the region in which the event is to be held. The Regional Director will review and submit to the WSQG Board of Directors for Approval or Denial.

Name of person or group making request: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

EMAIL: _____ TELEPHONE: _____

Event Name: _____

Location: _____

Date(s): _____

Anticipated Attendance: _____

Please write a short description of the event and indicate why you are requesting to be recognized by WSQG:

IMPORTANT:

If approved, a brief written report must be submitted to the WSQG Board of Directors through the region's director, within 60 days of event completion, .

Please read and sign below: I understand that WSQG is not responsible for injury or loss during the event. WSQG assumes NO responsibility for quilts or property used or displayed during a Regional Event. WSQG Insurance WILL NOT cover injury or loss related to this event.

Signed: _____ Date: _____

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For use by WSQG

Approved: Yes _____ No _____

Comments: _____

See Regional Happening Guidelines for guidelines and Standing Rules for Sanctioned Event Description.

