

WSQG SPONSORSHIP REQUEST FORM

Date of Camp: _____

Location: _____

Coordinator: _____

Contact Email and Phone: _____

Number of Students Allowed: _____

Estimated per Student Requested: \$ _____ (\$50.00 per student maximum)

Estimated Total Request: \$ _____ (\$500 per event maximum)

I agree on behalf of all participants to hold WSQG harmless in case of injury or loss resulting from the quilt camp. (Please initial.)

I agree to submit photos from the camp and if possible, arrange for finished projects to be displayed at Quilt Wyoming. All participants agree to hold WSQG harmless in case of injury or loss resulting from the quilt camp. (Please initial.)

Signature: _____

Printed Name: _____

Authorized WSQG member requesting funds

Mail or email this form to: Jean Schroeder, 559 Cold Springs Rd, Douglas, WY 82633.
Email: tjecss39@gmail.com -- Phone: (307) 351-1184

Applications will be accepted on a first come, first served basis after January 1 annually, while funds are available.

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WSQG Use Only

Date Request Received: _____

Amount Approved: \$ _____

Signature WSQG Director at Large

Date request for payment sent to Treasurer: _____

Total Funded: \$ _____ Date paid by WSQG Treasurer: _____