

Women In Distress of Broward County, Inc.

P.O. Box 50187 · Lighthouse Pointe, FL 33074 CRISIS LINE 954-761-1133 · Administration 954-760-9800 www.womenindistress.org · info@womenindistress.org

PRIVATELY HOSTED EVENTS APPLICATION

HOST

Busine	ss/Community Group/Organizati	ion/Individual Name (Event Host):	
Contac	t Person:		
Phone:		Email:	
VENT	DETAILS		
Event N	Name/Description:		
Event [Date and Time:		
Event L	ocation:		
Estima	ted Attendance: #	Target Audience:	
	val required prior to publication,	rials where you would like permission to includ /printing of materials with our name or logo):	e either wid's name and/or logo
a. b. c. d. e. the host	The event/activity must be in g No publicity or advertising usin parties authorizing WID as the No volunteers or WID staff are WID reserves the right to not a Donations to be submitted with understands that nothing in this	pprove or void this contract at any time and w	n. Il this agreement is signed by both Il provide email notice to the host.
Host/C	ontact Name:	Signature:	Date:
	E	Please return your completed application to:	

Email Christine Goldman: cgoldman@womenindistress.org

Mail: Women In Distress, Attn: Privately Hosted Events, P.O. Box 50187, Lighthouse Point, FL 33074 Phone: (954) 760-9800 ext. 1245 Fax: (954) 832-9487

(WID USE ONLY) Approved Event: Yes No Signature:_____ Date:____