**A purple sign with white text

Description automatically generatedWomen In Distress of Broward County, Inc.,** P.O. Box 50187, Lighthouse Point, FL 33074

CRISIS HOTLINE: (954) 761-1133 | Administration: (954) 760-9800   
www.widbroward.org | info@womenindistress.org

**PRIVATELY HOSTED EVENTS APPLICATION**

**HOST**

Business/Community Group/Organization/Individual Name **(Event Host): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT DETAILS**

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_ # Target Audience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any promotional materials where you would like permission to include either WID’s name and/or logo *(WID approval is required before publication/printing of materials)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AGREEMENT**

By signing below, the host agrees to abide by the outlined policies, understands the guidelines, and agrees that:

* The event/activity must be in good taste and consistent with WID’s mission
* No publicity or advertising using WID’s name and/or logo may be released until this agreement is signed by both parties authorizing WID as the beneficiary of this special event
* No volunteers or staff of WID are guaranteed to attend
* WID reserves the right to not approve or void this contract at any time and will provide email notice to the host
* Donations are to be submitted within 30 days or the event date

**The host understands that nothing in this agreement or in any other document(s) may be construed to authorize the host or any of its employees, volunteers, or representatives to act as an agent of WID.**

Host/Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Please return your completed application to:**

By Mail: Women In Distress, ATTN. Nicole Winter, P.O. Box 50187, Lighthouse Point, FL 33074

By Email: Nicole Winter, Associate Director of Development at nwinter@womenindistress.org