

Name of person submitting form: _____

Florida Whips, Inc., Event Submission 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

Date: ___

Region:	wide □ 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? No	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:)		
	☐ Individual Participants ☐ Region ☐ State ☐	·
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 the Planning Meeting has approved the Event. Fill out form, save to your computer, and then email the completed form to sect.flawhips@gmail.com .		