

WWII HRS Event Funding Request

Instructions:

Please submit this form with your event request form to the HRS Treasurer.
 The unit commander and event coordinator must sign and date.
 Attach all estimates to this form. At least two estimates are needed for each line item.
 If approved all support will be in the form of a reimbursement after all invoices are submitted.
 No payment will be made unless all attendee waivers are returned to the HRS Secretary.
 This request in no way guarantees funding by the WWII HRS and restrictions will apply.
Event coordinator and unit commander must be current members in good standing of the WWII HRS.

Event Name: _____
Event Location: _____
Event Dates: _____
Sponsoring Unit: _____

Amount you are requesting:

Describe the funding request with costs for each item. Use a separate sheet if more space is needed.

Total reenactors previous year

Total HRS members previous year

<p style="text-align: center;"><i>Please list the funding for current year:</i></p> <p>Sponsorship Funding <input style="width: 100%; height: 20px;" type="text"/></p> <p>Event Site Funding <input style="width: 100%; height: 20px;" type="text"/></p> <p>Other Funding <input style="width: 100%; height: 20px;" type="text"/></p> <p>Total Funding <input style="width: 100%; height: 20px;" type="text" value="\$ -"/></p>	<p style="text-align: center;"><i>Please list funding for previous year:</i></p> <p>Sponsorship Funding <input style="width: 100%; height: 20px;" type="text"/></p> <p>Event Site Funding <input style="width: 100%; height: 20px;" type="text"/></p> <p>Other Funding <input style="width: 100%; height: 20px;" type="text"/></p> <p>Total Funding <input style="width: 100%; height: 20px;" type="text" value="\$ -"/></p>
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I have read and understand the bylaws; safety and authenticity rules; and after event reporting requirements of the World War Two Historical Reenactment Society and will abide by these requirements set forth by the board of directors and membership of the Society. I understand the WWII HRS is under no obligation to approve this application or to supply any type of funding. I affirm to the best of my knowledge the information set forth in this document is accurate and true.

Unit Commander _____ date _____

Print _____ HRS # _____

Event Coordinator _____ date _____

Print _____ HRS # _____