West Virginia Humanities Council -- *History Alive!* Booking Request Form

Complete this form and return with $150 booking fee for *each* program
AT LEAST two weeks prior to the program date to:

West Virginia Humanities Council – History Alive
1310 Kanawha Blvd. East - Charleston, WV 25301 or warmack@wvhumanities.org
(Please type or print clearly.)

Non-profit organization: ____  For-profit organization: ____

Organization Name:__________________________________________________________

History Alive! Character Requested:____________________________________________

Date of Program(s):_________________   Time(s) of Program(s):_____________________

Estimated Audience #:_______________

Program Site: ______________________________________________________________

Program Site Street Address: __________________________________________________

_____________________________________________________________________________ Zip Code____________

Program Coordinator Name:    _________________________ Daytime Phone: ____________

Coordinator Email Address:     _______________________________________________ (required)

Coordinator Mail Address:       __________________________________________________

____________________________________________________________________________

For Schools Only: Publicity materials requested?  Yes___  No___

**Checklist:**

_____ Booking fee payment (or method of payment) is included with this request.

_____ Confirmed that the History Alive! presenter is available for the requested date.

_____ Applicant organization will pay applicable lodging costs.

_____ If booking fee waiver is requested, please state reason on back of form.

(Waiver requests must be received at least 4 weeks prior to the program date. Please note that non-profit status as a host organization is usually not sufficient grounds for a waiver, since most of our partner organizations are non-profits.)

Payment Method:  ___Check Enclosed  Total Booking Fee Amount:___________________

Purchase Order# _____________________________  ___MasterCard  ___VISA  ___Discover

Card #:____________________________________  CSV # (3 digits on back): ________________

Name on Credit Card: ______________________  Card Expiration Date:____________________

Authorized Signature: ____________________________________________________________