

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

Complete this form and return with \$125 booking fee for *each* program  
AT LEAST two weeks prior to the program date to:

West Virginia Humanities Council – History Alive  
1310 Kanawha Blvd. E., Charleston, WV 25301 or [payne@wvhumanities.org](mailto:payne@wvhumanities.org)

Non-profit organization: \_\_\_\_\_ For-profit organization: \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**History Alive! Character Requested:** \_\_\_\_\_

Date of Program(s): \_\_\_\_\_ Time(s) of Program(s): \_\_\_\_\_

Estimated Audience #: \_\_\_\_\_

**Program Site:** \_\_\_\_\_

Program Site Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Program Coordinator Name:** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Coordinator Email Address: \_\_\_\_\_ **(required)**

Coordinator Mail Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

*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.

\_\_\_\_\_ Waiver of the booking fee is requested for the following reason:

*(Waiver requests must be received at least **4 weeks prior** to the program date.)*

**Total Booking Fee Amount: \$** \_\_\_\_\_

Payment Method: \_\_\_ Check Enclosed \_\_\_\_\_ Purchase Order#: \_\_\_\_\_

\_\_\_ MasterCard \_\_\_ VISA \_\_\_ Discover

Card #: \_\_\_\_\_ CCV # (3 digits on back): \_\_\_\_\_ Card Expiration Date: \_\_\_\_ / \_\_\_\_

Name on Credit Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_