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 below*

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

Organization Name:__________________________________________________________

History Alive! Character Requested:_____________  Estimated Audience #:_______

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

Program Site: _______________________________________________________________

Program Site Street Address: ___________________________________________________

______________________________________________________   Zip Code_____________

Is this a virtual (online only) performance?   YES   NO

If this is a virtual performance, what platform will you be using (Zoom, Webex, etc.)?_________________

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: ____________________________________________________________