

CAROLINA WELLNESS ASSOCIATION (CWA)  
**REQUEST FORM**  
 For APPROVAL of EVENT SPONSORSHIP

All events must be in keeping with the MISSION, FUNCTION & PURPOSE of CAROLINA WELLNESS ASSOCIATION (CWA): Mission: To raise public awareness of WELLNESS through balanced living in the areas of mind, body, family, finances, and society. Function: to organize and produce events that will be in keeping with the Mission and provide training for the membership. Purpose: To provide information integral to staying WELL to individuals, families and businesses. Information will include nutrition, fitness, rest and relaxation and environment.

*All requests must be sent to the CWA Director of Events at least 60 days before the event.*

Today's Date:	Event Coordinator (Must be CWA member & person applying.):
Name of Proposed Event:	Coordinator's Mailing Address:
Place & City of Event:	Coordinator's Phone Number(s):
Proposed Date(s) of Event:	Coordinator's FAX:
Times of Event:	Coordinator's Email Address:
Purpose of Event:	List of your Planning Committee Members:
Total Number of Volunteers Needed:	Current Number of Volunteers Committed:
Speakers Committed:	Speakers Requested:
<i>Are you requesting financial support?</i> _____ <u>Proposed Event Expenses:</u> Room: _____ Food: _____ Publications (tickets, flyers, ads): _____ Postage: _____ P.A. System: _____ Projector: _____ Other (specify): _____ Total: _____	<u>Proposed Income:</u> Ticket sales: _____ Cost of ticket: _____ Other: _____ Total: _____ <u>Proposed Balance:</u> _____  <i>For CWA financially supported events, all profits go to the CWA. Agreed? _____ N/A _____</i>  <u>SIGNATURE:</u> _____

Email completed form to the CWA Director of Events: Jerrie Hixon at [energy2dream@5pillars.com](mailto:energy2dream@5pillars.com)  
 If seeking financial support, you must also PRINT OUT completed form, SIGN and MAIL to:  
 P.O. Box 884, Pickens, SC 29671