**Collaboration Request Form**

Submit this completed form to your local PARID District Representative.

Incomplete and late forms will not be considered.

**To be completed by Requestor:**

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| **Requestor’s Name:** | **PARID District # where event would happen:** |
| **PARID Member? YES or NO** |
| **Proposed host organization name *(if applicable)*:** | **Proposed event Date and Time:** |
| **Requestor’s email address, address & phone number:** | **Proposed event Location:** |

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| **Proposed Event Description (i.e., workshop, conference) / Proposed presenter if known:** |

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| **Anticipated cost of the event?** |

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| **Are there any sponsors identified? YES or NO** |
| **If yes, who & what would they provide?** |

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| **How does this request align with PARID’s philosophy, goal, and mission?** |

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| **To be completed by the District Representative:** |
| Date Received: |  |
| Is the money in the District Budget for this? | **YES / NO**  |
| Has your district already sponsored an event this fiscal year? | **YES / NO** |
| **To be completed by PARID Recording Secretary:** |
| Request Status: | **APPROVED / DENIED** |
| Board Decision Date: | Motion Number *(if applicable)*: |
| *This form should be kept in the recording secretary’s electronic files.* |