

THE KENTUCKY EQUINE HUMANE CENTER
Special Project Application Form

Coordinator Information

Name and Title _____
Group Name _____
Phone _____
Address _____ State _____ Zip _____
Fax _____ E-mail _____

Project Information

Proposed date of project _____ Location _____
Detailed description of proposed project: _____

Project/Event Advertising or Promotional Plan (provide details):

I understand that submitting an application is not a guarantee of approval. My project will be reviewed by a representative of KyEHC and I will be notified of the approval (or denial) of my fundraising /event proposal. I have read and will comply with the Guidelines and Standards set forth by KyEHC.

In addition, I release and hold harmless KyEHC from any and all responsibility and liability for this project /event.

Project Coordinator

Date

On behalf of KyEHC

Date