



WWII HISTORICAL RE-ENACTMENT SOCIETY Inc.

Event Request Form

All WWII HRS events must be coordinated through the Board of Directors and the Safety & Authenticity Committee in order to qualify for sanctioning. Sanctioned events are allowed use of the Society's insurance and the privilege of advertising in the Society publications. Event coordinators must be members of the society and sponsoring units must be currently chartered with the society. This form must be submitted to the HRS Secretary for evaluation and approval no less than ninety (90) days prior to the event. The event coordinator must agree to maintain and enforce the WWII Historical Reenactment Society's By-Laws and Safety & Authenticity Rules among all participants, regardless of their organizational affiliation. When the event is approved, the organizers will be notified via email unless noted and if requested proof of insurance will be sent. The event coordinator must submit the event information to the publication editors and the webmaster.

General Information

Event Name _____

Event Date _____ Event Fee \$_____

Living History ___ Tactical ___ Parade ___ Other (describe)_____

Restroom Facilities Description _____

Potable Water on Site ___ Meal Cost \$_____ Non-Authentic Camping _____

Event Location (Also to be used on BATF forms)

Name of Facility _____

Address _____

City _____ State ___ Zip _____

County _____

Contact Person _____

Email _____ Phone _____

Event Coordinator and Staff Information

Name _____

Address _____

City _____ State ___ Zip _____

Email _____ Phone _____

Sponsoring Unit(s)_____

Unit Commander _____

Safety and Authenticity Officer _____

Nearest Emergency Medical Facility

Name of Facility _____

Address _____

City _____ State ____ Zip _____

Phone (other than 911) _____

Local Law Enforcement

Name _____

Address _____

City _____ State ____ Zip _____

County _____ Phone (other than 911) _____

Restrictions

Please list and describe any restrictions:

Misc. Please include the following:

- Proposed event schedule.
- Press release for local media if available.
- Map of the event location.
- List local motels and contact information.

Contact during event in case of an emergency:

Name _____ Cell Phone _____

Describe the security of reenactor parking proximity to event site:

Signatures

Event Coordinator _____ Date _____

Unit Commander _____ Date _____

Unit S. and A. _____ Date _____

Approved _____ WWIIHRS Secretary Date _____