

WAFHS Charitable Honorarium Application

Print Name of Individual or Group Members (maximum of 4 WAFHS members):

Date of Event #1: _____ Organization/Event: _____

Description: _____

Print Name of Individual or Group Members (maximum of 4 WAFHS members):

Date of Event #2: _____ Organization/Event: _____

Description: _____

Print Name of Individual or Group Members (maximum of 4 WAFHS members):

Date of Event #3: _____ Organization/Event: _____

Description: _____

Print Name of Individual or Group Members (maximum of 4 WAFHS members):

Date of Event #4: _____ Organization/Event: _____

Description: _____

Applications may be submitted when the events are completed. No application will be accepted unless it is received prior to October 15th of the application year.

I am a current WAFHS member in good standing and I certify that the information contained on this application is accurate. I, nor my group members if applicable, were paid for the performances listed.

Signature/Date of the Applicant: _____

Applicant Mailing Address: _____

Mail this original form to: WAFHS Charitable Coordinator, C/O Barbra B. Bradley, 602 Burgundy Drive, Rockville, MD 20850-1428