

# 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**