

United by Hope – Remembrance Quilt Request Application

Organization Name: _____

Organization Type:

- Corporate/Foundation/Government
- CBO/ASO/Faith/Arts
- College or University
- School K-12

Organization Address: _____

Organization Phone: _____

Contact Person: _____

Title/Position: _____

Contact Phone Number: _____

Contact Email: _____

Fax: _____

Display Site Contact Information

Date and Time of Event: _____

Name of Event: _____

Site of Event: _____

Site Phone Number: _____

Site Contact/Supervisor: _____

Secondary Site Contact/Supervisor: _____

Universities and Colleges must provide a second contact person who is a staff member at the campus. This person should be aware of the location and status of the Quilt at all times.

Title/Department of Secondary Site

Contact/Supervisor: _____

Phone Number for Secondary Site/Supervisor: _____

Brief Description of Event:

Display Goals and Information

Please list any activities to be held during the Quilt display, such as addiction/recovery awareness, education, memorials, speakers, etc.: _____

Other Participating Organizations: _____

Request for Specific Panels (if any): _____

Please give a brief description of the primary audience for the display (general public, faith communities, youth, etc.): _____

Display Site Layout Information

Please be sure to provide as much detail as possible about the display site's layout.

Please Describe the Display Site:

What are the Dimensions of the Display Site:

Where in the Room will the Quilt Hang?

What is the Seating Capacity of the Display Site (if applicable):

Please Give a Description of the Aisles and Access for Viewing of the Quilt:

Please Describe Any Other Special Features or Considerations of the Display Site:

Internal use only, do not complete.

Received by

Date received

Application approved denied

Reason for denial?