

ITRP Street Team Event Approval

Name _____

Email _____

Name and Address for Location of Event:

Date and Time of Event:

How many additional street team members do you need to be present at the event? _____

Any Additional Notes or Necessary Information:

Materials Needed: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> T-Shirts for Sale | <input type="checkbox"/> Money Box |
| <input type="checkbox"/> Copies of Original Seating Charts for Sale | <input type="checkbox"/> Table |
| <input type="checkbox"/> Poster Size Artist Renderings | <input type="checkbox"/> One Page Flyer about ITRP |
| <input type="checkbox"/> Table Size Artist Renderings | <input type="checkbox"/> One Page Flyer about additional ways to get involved |
| <input type="checkbox"/> Table Size Photographs | <input type="checkbox"/> Other: _____ |

***If applicable, please provide the name and signature of a location contact establishing approval for your event.**

Name of Location Contact

Signature of Location Contact

For ITRP Use Only:

Name of Approving Board Member

Signature of Approving Board Member