



PRELIMINARY or **FINAL** Registration **Transportation Service Request**

**Annual Free Shopping & Pampering Day
For Women of Domestic Violence, Homelessness, and Rehabilitation**

Please provide us with the following information. Please type or handwrite legibly:

Please do one of the following: **Fax request to:** 510-285-8390 * **Email:** events@couragewomen.org **Mail to:** Courageous Women Assoc. 1714 Franklin Street, #100-276, Oakland, CA 94612

****ATTENTION: If you are not represented under a shelter or transitional facility, please fill in your name and contact information and let us know if you require transportation services.**

Name of Facility or Individual:	Phone Number: ()
Name of Facility Director:	Name & Title of Facility Representative/Contact:
Email of Facility Director:	Email of Facility Representative:
City of Facility Location:	Website:
Please tell us what type(s) of services your facility provides:	
For Statistic purposes related <u>ONLY</u> to the women and/or children attending the event, please provide us with the following: <ul style="list-style-type: none"> • Age group range of women attendees: How many attending: • Age group range of children attendees: How many attending: 	
Please provide us with the number of each Ethnic background of the women and/or children attending:	
<input type="checkbox"/> White Women <input type="checkbox"/> White Children <input type="checkbox"/> Black/African American Women <input type="checkbox"/> Black/African American Children <input type="checkbox"/> Hispanic Women	<input type="checkbox"/> Hispanic Children <input type="checkbox"/> Black/African American Women <input type="checkbox"/> Black/African American Children <input type="checkbox"/> American Indian or Alaska Native Women <input type="checkbox"/> American Indian or Alaska Native Children
<input type="checkbox"/> Native Hawaiian or Pacific Islander Women <input type="checkbox"/> Native Hawaiian or Pacific Islander Children <input type="checkbox"/> Other Women _____ <input type="checkbox"/> Other Children _____	



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Please provide us with as much accurate information as possible. As we draw closer to the event, we will request a revised final list giving us final headcount of all attendees which will be due 2 weeks prior to the event date.

Will you/your facility need bus transportation services?

Yes No, not at this time

Photograph Opt Out Release

Courageous Women Association (CWA) uses photographic images, video and audio recordings of employees, clients, or people who attend any of our programs and events, for general publicity in CWA publications, promotions, and archives. Any adult, children (or the parents or guardians of children if under age 18), who do NOT want to be photographed or recorded, or to have their voices or biographical materials used in connection with any such recording, must check this box to Opt Out of all recordings or photographs.

If you have answered yes to transportation services, please answer the following questions:

How many women and children will need transportation services?

(We recommend you provide a larger count to assure maximum number of residents attending. We understand that the counts are subject to change.)

Women

Children

How many wheelchairs?

How many infants/children have car seats?

How many infants/children are without car seats?

Please provide us with exact Address and City location of person(s) needing transportation (**Addresses can be locations different of the shelter itself, as we respect your shelter's privacy**): (**Please Note**: CWA may request that shelter networks located in the same City, be combined and picked up/dropped off at one main location, depending upon distance and other pickup locations.

Is there a specific time your residents have to arrive back at your facility? If so, please provide detailed information for CWA and bus company to be aware of:



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Food Application Waiver. You are agreeing that as an invited participating guest, you are releasing Courageous Women Association, its Board Members, Volunteers, and food donors from any and all liability or claims, for any injury or illness resulting from consumption, preparation, distribution, or presentation of any kind of food or beverage, for which Courageous Women Association, volunteers, individuals, or businesses prepare, distribute or provide during the Annual Free Shopping & Pampering Day Event. The Organization is responsible for ensuring all Organization's policies are in compliance, including displaying the approved food waiver at the event.

All Applicants, please sign and date below.

PRINT Name:	Signature Here:	Date Here:

