



Host Form

Host Name: _____ Position/Title: _____

Email: _____ Phone: _____

Administrator Name: _____ Position/Title: _____

Host Institution: _____

Date of Session: _____ Program Start Time: _____ Program End Time: _____

Will you be charging a fee (check one)? YES NO If yes, how much? _____

Session Location/Address: _____

City, State, Zip Code: _____

Additional Location Information (specific door to enter, parking lot etc. to help people when they arrive):

Invitations: if you would like to limit invitees to certain groups, divisions or coaching levels, please indicate your preferences:

Check group(s) you would like to include:

DI DII DIII NAIA JC/CC HS Non-Scholastic WNBA

Please attach or send a separate list of potential attendees if necessary. Both WBCA member and non-members are welcome to attend.

Size restriction: If you wish to limit the number of attendees, provide your max number: _____

On-site contact(s) other than yourself: _____

Please fax this completed form to 770-279-8473 or email to Libby Poland at whiteboard@wbca.org.

