



Event Collaboration Application for May 2011- May 2012 HYPA Season

Date Submitted: _____

Organization Name: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Please summarize your organization's/event mission/purpose: _____

How long has your organization been in operation: _____

Event Date: _____ Event Time: _____

Have you worked with HYPA before? _____ When/Event: _____

Please briefly describe your proposed event: _____

How would you like HYPA to partner your organization: _____

How will your organization provide a unique benefit/experience for the HYPA membership? _____

What other organizations/companies are you partnering with for this event: _____

Is this event an annual event? If so, how many years have you produced it: _____

Thank you for your consideration and someone will be contacting you soon!