National Model Railroad Association, Inc.,

Event Insurance Request Form

(Form B: For use when Co-Sponsorship is requested of the NMRA)

Name of non-NMRA Entity Requesting NMRA Co-Sponsorship:

Address		
Suite		
City	State	Zip
	this application on behalf of the non-	
Name	 	Title

Address

Suite		
City	State	Zip
Event Information:		
Name of Event:		
Date(s) of Event:		
Name of Location		
Street Address		
Street Address		

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Please describe the event for which you seek co-sponsorship:

Describe how the event will encourage participation in the NMRA:_____

Describe any other aspects of the event you believe noteworthy in advancing the objectives of the NMRA or the hobby of model railroading in general:

Approval of this event by the NMRA is given with the following provisions:

- 1) The non-NMRA entity will promote the event at the location and on the date(s) stated above as a joint venture between his or her organization and the NMRA.
- 2) The non-NMRA entity agrees to conduct the event as represented on this application form and as supplemented, changed, modified or otherwise altered and agreed to by both the Non-NMRA entity and the NMRA.
- 3) The event chair is responsible for the format and content of the event.
- 4) Any NMRA member is eligible to attend the event.
- 5) No official NMRA business or activity (e.g., judged model contests) need be conducted during this event except by prior agreement between the event chair and the NMRA.
- 6) The NMRA will provide liability insurance coverage at no cost to the event provided that it is an approved co-sponsored event with NMRA. All persons who open their layouts to event attendees must be NMRA members in good standing.
- 7) At no time will any individual who organizes or participates as a worker for the event make disparaging remarks about the NMRA, any region, or division.

 Will the location require a certificate? Yes_____
 No______

If so should the certificate go to the address noted above for the location?

Yes_____ No_____

If the certificate should go to a different address, please list the address below.

Name of Location

Street Address

Street Address

City

State

Zip

I hereby certify that I have the authority of the non-NMRA entity named within this application to make a binding agreement between the non-NMRA entity and the NMRA. I further warrant and affirmatively agree that the event will be conducted as noted within this request and any subsequent modification agreed to between the parties.

Name

Title

Please send the completed application to:

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NMRA SIG/M&TS Manager

address