



WORKSHOP or ACTIVITY APPLICATION

INTERNATIONAL
CHILD ART
FOUNDATION

Presenter Name and Title

University, School, Organization or Company

Mailing Address

Website

Email

Country

Cell

Skype

I am applying to conduct (circle one) Workshop Activity Number of presenters _____

My Workshop/Activity is most suitable for:

Children ages _____ to _____. Teachers/Parents. Ideal number of participants _____

The most suitable day and time for my Workshop/Activity are:

- Friday, July 31st Between _____ and _____
- Saturday, August 1st Between _____ and _____
- Sunday, August 2nd Between _____ and _____

I am interested in repeating my Workshop/Activity on _____

PLEASE DESCRIBE THE WORKSHOP/ACTIVITY

CHIEF BENEFITS OF MY WORKSHOP/ACTIVITY ARE:

PLEASE DESCRIBE YOUR PLANS TO PROMOTE THE FESTIVAL IN YOUR COMMUNITY.

WILL YOU BE ABLE TO ARRANGE A SMALL FUNDRAISING EVENT TO SUPPORT THE CHILDREN AND THEIR WORLD FESTIVAL? PLEASE DESCRIBE

PLEASE DESCRIBE THE MATERIALS YOU WILL BRING WITH YOU

PLEASE DESCRIBE THE MATERIALS YOU WILL NEED FROM ICAF

PLEASE TELL US ANYTHING ELSE THAT MIGHT HELP US CONSIDER THE WORKSHOP/ACTIVITY

We may request that you submit your resume and/or lesson plan

I have read and understand this application, as well as the material available on the ICAF websites (<https://icaf.org> and www.WorldChildrensFestival.org) regarding the World Children's Festival. I understand that if invited to host a workshop/activity at the World Children's Festival 2020, ICAF cannot provide compensation or assistance for travel, meals, or accommodations. It is understood that all presenters must have their own medical insurance and liability insurance. I will indemnify and hold ICAF and its representatives harmless from any claims of cancellation, postponement or changes in the Festival and its schedule and for any infringement of copyright by any third party. I also understand that ICAF will have a right to photograph and film any and all Workshops/Activities and use and distribute these materials without my or my group's permission or any compensation.

Name (please print)

Signature

Date
