



Minnesota Coalition for Battered Women

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www.mcbw.org

Clothesline Project Request Form and Agreement

Thank you for your interest in the Clothesline Project. If you would like to schedule an exhibition of the Clothesline Project, please complete the following request form/agreement and return by fax or mail. **IF YOU FAX THE FORM TO MCBW, PLEASE MAKE SURE YOU ALSO SEND A HARD COPY OF THE FORM BY U.S. MAIL WITH YOUR DAMAGE DEPOSIT.** Once we have reviewed your request, we will contact you regarding the availability of the Clothesline Project. (Clotheslines are available for the years 1992 to 2006.) **If you have NOT received a phone call from us, it means that we have not received your form.**

Organization requesting Clothesline _____

Address: _____

(Please do not use a P.O. box for your address as we ship UPS and they will not ship to a post office box.)

City, State, Zip _____

Contact person(s) _____

Phone number(s) _____

Fax number _____ E-mail address _____

Short description of event _____

Can you provide a \$100 donation to the Minnesota Coalition for Battered Women to support our costs for making the Clothesline available?

_____ Yes, the check is enclosed.

_____ Yes, we will send a check on _____.

_____ We will send donation to the MCBW Clothesline given at the time of the exhibit.

_____ No, but we will be able to contribute \$ _____.

You must also enclose a check for \$50 with your request as a damage deposit for the Clothesline Project. If the clothesline you use is returned to MCBW on time and in good condition, your deposit will be returned. Please see the Clothesline Project Agreement on the next page for more details.

For MCBW Office Use Only:

Deposit Paid \$ _____ Donation Included \$ _____ Check # _____

Do you have any preference for exhibiting the 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, or 2006 Clothesline Project? We also offer the Youth and Children's Clothesline, a special clothesline to remember the youth and children ages 21 years and under murdered between 2001-2005. (We will try to accommodate all requests, but may not always be able to provide the Clothesline you request, especially during October's Domestic Violence Awareness Month. Please choose a second choice of year.) **We normally lend the Clothesline Project for a period of one week, although we may be able to negotiate a longer display.**

_____ Yes, we prefer the _____ Clothesline Project. _____ Second choice year
_____ No preference

We will pick up the Clothesline on _____

We will return the Clothesline to MCBW on _____ -OR-

Please ship, via UPS Ground, to arrive by _____
(We are able only to ship UPS to groups located *outside* the 7-county Twin Cities metro area.)

We will ship, via UPS, to arrive back at MCBW by _____

Shipping address, if different from the mailing address on the first page. Please use a street address and not a P.O. box.

Name _____

Organization _____

Address _____

City/State/Zip _____

CLOTHESLINE PROJECT AGREEMENT

1. I agree that while the Clothesline Project is in my care the display will be treated with the utmost of respect and caution.
2. I agree that food and beverages will not be allowed near the display, nor will touching of the shirts be permitted during the display.
3. I agree that the display will be supervised at all times and that after hours the display will be in a secured area.
4. I assume full responsibility for the Clothesline Project while it is in my care and agree that if any of the t-shirts are damaged or soiled, I will be charged \$25 per damaged or soiled shirt.
5. I will ensure that the Clothesline Project t-shirts are returned to the Minnesota Coalition for Battered Women neatly folded and packed and agree that if it is not, I will be charged \$25.
6. If an entire Clothesline Project is lost, destroyed, or irreparably damaged, I agree that I will be charged \$500 to replace it.
7. If I return the Clothesline Project to the Minnesota Coalition for Battered Women past the stated date of return, I agree that I will be charged \$25 for each day late.

Signature _____

Date _____

Please complete this form, copy for your records, and mail or fax to us.

IF YOU FAX THE FORM TO MCBW, PLEASE MAKE SURE YOU ALSO SEND A HARD COPY OF THE FORM BY U.S. MAIL. We will call you with a confirmation as soon as we receive your request form. If you do not receive a confirmation call within 3 business days of faxing your form to us, please call us to ensure we have received your fax.