



Event Information Form

Today's Date:

(Check One) New Event Change to an Event

(Select Event Type) Event Type:

Event Date: Day: Start Time: End Time:

Location:

Location Name:

Address :

City, State Zip:

Phone :

Event Contact/Coordinator:

Company:

Contact Email :

Event Title:

Event Details:

Special Guests/Speakers & Description:

If prizes are available, please list value, donators, and description:

Registration Required: Yes No
(Select one)

Entry Fee \$:

Event Promotion:
(Check All That Apply)

Online Calendar Email Blast Social Media Postings Flyers

Please list items you are including with this form to assist with promotion:

Logo Summary Member Promotional Piece