

Event Contact Form

Event Name: _____ Event Date: _____

Primary Contact Person: _____
Primary Contact Phone: _____ Text Talk
Primary Contact Email: _____

Secondary Contact Person: _____
Secondary Contact Phone: _____ Text Talk
Secondary Contact Email: _____

Is your event being handled by committee? Yes No
If yes, please provide a list the names and emails of all committee members.

Preferred meeting times (check all that apply):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Additional Notes: