COMMUNITY CALENDAR APPLICATION

APPLICANT INFORMATION

Name of Organization:		
Contact Person	Org. Phone:	Contact Phone:
Organization address:		
City:	State:	ZIP Code:

EVENT INFORMATION

Name of Event:		
Event Location:		Time
Address:	City:	State
Phone	Fax	Reservations Required:
Cost		

BRIEF DESCRIPTION OF EVENT

OFFICE USE ONLY

Date Received_____   Date Posted on Calendar_____

Payment Received_____   Cash_____   Credit Card_____   Check_____   Other _____