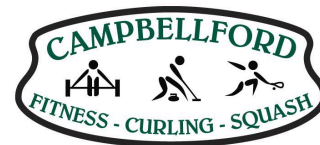


EVENT REQUEST FORM



Name of Event: _____

Date(s): _____

Time: _____

Main Contact:

Name: _____

Phone: _____

Email: _____

Alternative Contact(s):

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Sponsor(s):

- _____
- _____
- _____

Details

Ice Maker Services needed: YES ☐ NO ☐

Bartenders Needed: YES ☐ NO ☐

Details: _____

Meal provided? YES ☐ NO ☐

Members Only? YES ☐ NO ☐

Where to Post:

- ☐ Website/Calendar
- ☐ Facebook
- ☐ Instagram
- ☐ Street Sign (week of event)

Submitted By: _____

Date Submitted: _____

CDCRC OFFICE:

Accepted By: _____

Date Accepted: _____

Deposit/Confirmed? _____
