

Event Information Form

Please turn this form in 60days prior to the Event.

Event: _____

Type of Event: _____

Date(s): _____

Location: _____

Age Group: Daisy Brownie Juniors Older Girls

Event Coordinators Name: _____

Event Coordinator's Contact Information:

Phone #(s): _____

Email Address: _____

Drop-off address: _____

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Event Committee Members:

Name:                                  Contact Phone Number or Email address:

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