

EVENT INFORMATION FORM

The information from this form is used to post your Fire Department special events, dinners, musters, craft shows, etc.

PLEASE Complete in normal sentence type. Not all CAPS - not all small letters. Thanks.

Start Date: _____ End Date: _____ Or Date Range: _____

Time: _____ Event: _____

Host Department: _____

Event Location: _____

Contact Name: _____

Contact Title (i.e. Chief, Public Relations Officer): _____

Contact Phone: _____ Contact Email: _____

Additional Comments: