PBOC Women's Club Event Questionnaire

Note: If you are the Chairperson/Co-chairperson of an event, please complete this form in its entirety with the information that can be used for the event flyer, event signage, production of tickets, or any other ancillary items related to the event. Thank you!

Email: Cell #:	Chairperson Name:	Cell #:	
1. Name:	Email:		
Email:	<u>Co-Chairs</u>		
2.Name:	1.Name:	Cell #:	
#**If there are additional Co-Chairs, please list on back of this form.*** Event Name: Theme: Date: Time: Location & Address: No Ticket Cost: # to Print? Flyer Needed? Yes No Column for Volunteer Name? Yes No Column for Cell #? Yes No Column for Email address? Yes No No Column for Email address? Yes No No Need as for the newspaper? Yes No No Need Large Poster? Yes No Please list all activities at your event: (Raffles, Silent Auction, Open Bar, etc.) If Flyer for the general public is needed, who will be listed on the flyer as the contact's name for questions or further information?	Email:		
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Event Name: Theme:	Email:		
Date: Time:	***If there are additional Co-Chairs, p	ease list on back of this form.***	
Need Tickets Printed?YesNoTicket Cost:# to Print? Flyer Needed?YesNo	Event Name:	Theme:	
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Sign Up Sheet?YesNo Column for Volunteer Name?YesNo Column for Cell #?YesNo Column for Email address?YesNo Need as for the newspaper?YesNo Need Large Poster?YesNo Please list all activities at your event: (Raffles, Silent Auction, Open Bar, etc.) If Flyer for the general public is needed, who will be listed on the flyer as the contact's name for questions or further information?	Need Tickets Printed?YesN	Ticket Cost:# to Print?	
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Column for Email address?	Sign Up Sheet?YesN	Column for Volunteer Name?	
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information?			
Name:	,	who will be listed on the flyer as the contact's name for questions or furth	ier
	Name:	Cell: Email:	