

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!

Chairperson Name: _____ Cell #: _____

Email: _____

Co-Chairs

1.Name: _____ Cell #: _____

Email: _____

2.Name: _____ Cell#: _____

Email: _____

*****If there are additional Co-Chairs, please list on back of this form.*****

Event Name: _____ Theme: _____

Date: _____ Time: _____

Location & Address: _____

Need Tickets Printed? ____ **Yes** ____ **No** Ticket Cost: _____ # to Print? _____

Flyer Needed? ____ **Yes** ____ **No**

Sign Up Sheet? ____ **Yes** ____ **No** Column for Volunteer Name? ____ **Yes** ____ **No**

Column for Cell #? ____ **Yes** ____ **No**

Column for Email address? ____ **Yes** ____ **No**

Need as for the newspaper? ____ **Yes** ____ **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?

Name: _____ Cell: _____ Email: _____